

PUBLIC HEALTH NURSING

Volume 28

August 1936

Number 8

Publicity for Your Nursing Service

David Resnick

Motion Pictures as a Medium of Public Information

A Symposium

Paper, Pencil, and Publicity

Margaret Redmond

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VITAMINS IN CANNED FOODS

II. VITAMIN D

• One of the most interesting chapters in the history of the science of nutrition is that relating to vitamin D. It is a record of steady advances in our knowledge concerning the vitamin. Starting with the work of Huldschinsky in 1919 on the ultraviolet irradiation of rachitic children; passing to the classical discovery in 1924 by Steenbock (1) and by Hess (2) that irradiated foods may acquire antirachitic potency; and extending through the profound studies of Windaus (3) and other investigators, on the constitution of the pure vitamin D obtained by ultraviolet irradiation of ergosterol, the story of vitamin D is a story of steady, scientific progress.

As a result of these basic contributions, there are available today a number of excellent standardized carriers of vitamin D. Viosterol, and the fish liver oils, and their concentrates, are readily available for use in the campaign against rickets whose prevalence, especially among infants in large urban centers, still remains high. In addition to these vitamin D carriers, the vitamin D fortified or irradiated foods have appeared within recent years.

It has become increasingly evident that there are a number of compounds which may promote calcification in the various animal species. It is further evident that these compounds vary in their physiologic efficiency with various animal species, or

that they are "species specific." A number of forms of vitamin D have been postulated (4) and much research in the vitamin D field has been directed toward their isolation and identification.

In general, natural foods have never been regarded as important sources of vitamin D. The commonest food articles show extremely low antirachitic potencies when measured by conventional methods. However, recent evidence has been offered that the contribution of vitamin D made by a varied diet of canned foods may be more significant than has heretofore been supposed (5). While common foods admittedly cannot supply the high demands of infancy and childhood or other phases of the life cycle, for vitamin D, it would appear that they may supply significant amounts of the vitamin to the diet, especially in the case of the adult human, concerning whose quantitative vitamin D requirement comparatively little is known.

Biological research has shown that canned marine products such as salmon, shrimp, and oysters (6) make a small but definite contribution of the antirachitic factor to the diet. We desire to direct the attention of our readers to these interesting facts about canned foods in general, and these canned marine products in particular.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

- (1) 1924, J. Biol. Chem., 61, 405
 (2) 1924, J. Biol. Chem., 62, 501
 (3) 1932, Ann., 492, 726
 (4) 1935, Physiological Reviews 15, 1-97

- (5) 1934, Ind. Eng. Chem., 26, 754
 (6) a. 1935, J. Home Econ., 27, 658
 b. 1933, Science, 78, 368
 c. 1926, Wis. Agr. Expt. Sta. Bul. 588, 124

This is the fifteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

PUBLIC HEALTH NURSING

Official Organ of The National Organization for Public Health Nursing, Inc.

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EDITORIALS

PUBLICITY AS PUBLIC EDUCATION

Under the broad heading of publicity we in public health nursing, in common with other fields of social and health work, group very loosely many activities which range from propaganda to public education.

Feeling that a definition of terms might clarify our thinking we find that Funk & Wagnalls' dictionary defines *publicity* as "the act or fact of making or becoming public." *Propaganda* is "effort directed systematically toward the gaining of public support for an opinion or course of action." Compare this with *education*, which is "the harmonious development of all our faculties. It begins in the nursery, and goes on at school, but does not end there. It continues through life, whether we will or not." *Instruction*, "the impartation of *knowledge* by others, is but a part of education, often the smallest part."

Another term we use in publicity is public information. *Inform* is defined as "to communicate news, apprise, instruct, notify." Again we speak of publicity as a process of interpretation. *Interpret* means to "explain, to give illustrative representation of."

Undoubtedly publicity should use all these methods, but in terms of lasting results *education* of the public is the

most effective. In the process of public education, information, like instruction, is but a part—a very necessary and important part, it is true—but education as we understand it today involves active participation on the part of the pupil.

In the best sense, public health nursing services are themselves the most effective avenues of publicity. The wider the participation of the public in the program of the organization—through attending or assisting with classes and clinics or even through family participation in home visits—the more educational the program becomes.

The publicity program of an organization offers to all who participate an especially wide educational opportunity. Consisting as it does of information and interpretation to the public, it necessitates on the part of the volunteer a thorough comprehension of the aims and services of the organization. It is obvious that the more people who share in the publicity program, the wider will be its educational value.

Public health nursing agencies at this season are evaluating their efforts in the field of public education. We are therefore publishing several articles on publicity in this and ensuing issues of the magazine.

E. W. M.

BABY SHOWS

Persistently, consistently and insistently for fifteen years this magazine has pointed out the undesirable features of baby shows. Still they go on, frequently sanctioned, even encouraged, by public health workers who ought to know better but fail to resist a popular demand. Why do we decry baby shows? Because—

Educationally they are unsound. The competitive element in the show is, in the mother's mind at least, the looks of her baby. Deep in her own mind she knows that the reward will not be based on the care that she has given her baby—the care that her love prompts her to give and the doctor and nurse have taught her how to give. As a matter of fact, experience at baby shows frequently proves that looks are really what count. Here is Mrs. Abbott who has nursed Lucy through a serious siege of pneumonia, brought her back to good health and normal weight by taking the baby to her physician regularly and following every order the doctor has given. But Lucy has nondescript eyes, a pug nose, and—just now—a front tooth still missing. And here is Bouncing Bet, never sick in her life, the daughter of a casual, careless mother who feeds Bet when the mood seizes her and attends baby conference once or twice yearly. Bet has large, liquid brown eyes, shining golden curls, pearly teeth and a dimple. To a casual observer she is the picture of health. Who gets the prize? Bouncing Bet.

Hygienically a baby show contradicts every basic lesson we are trying to teach. We urge limitation of our baby conferences and work out an appointment system so that each mother may have a quiet, constructive visit with the

doctor. We urge mothers to have children sleep in single beds, we teach the importance of individual toilet articles, and then we hold a baby show! It is not unusual to crowd 150 babies into a room 30 feet square. They come so fast that nurses cannot inspect them as they enter. They come, sniffles and all. Baby carriages are shared. Dressing pads are not changed. Clothes get mixed up. The nurse who tomorrow will spend half an hour with Mrs. Mack explaining why formula bottles should be boiled, is blind today to the pacifier which Mrs. Mack picks up from the floor, wipes on her dress and pops into Mrs. Allen's baby's mouth. If the doctor and nurse handle the babies, it is almost impossible to take time to scrub between children, and any kind of advice is utterly impossible in the bedlam. Tired babies, irritated—sometimes justly resentful—mothers, confused volunteers, exhausted doctors and nurses, and satisfied bacteria—are these the results we seek from baby shows?

If prizes must be given, why not to the mothers of babies who have shown the best gain and received the most intelligent care during the year? Better still, shall we not work toward a goal of continuous health supervision of *all* babies in the community? This will include medical supervision by the family or conference physician, and adequate nursing service to interpret the doctor's orders and teach the parents how to give good care with the resources at their command. Obviously the newspapers will not be so well pleased; evidently we are losing "a wonderful chance for publicity"—but isn't the end worth the sacrifice?

You see we feel strongly about baby shows. How do you feel? D. D.

BIENNIAL NUMBER

The September issue of the magazine will be the Biennial number. It will contain general impressions of the Biennial, the N.O.P.H.N. reports, an account of the panel discussion, and the papers given at the Convention insofar as space permits. Other papers will be published in succeeding numbers.

Publicity for Your Nursing Service

By DAVID RESNICK

Director of Publicity, Henry Street Visiting Nurse Service of New York

In the competitive world in which we live, there is a constant struggle for attention and support by hundreds of different groups. Each group seeks to publicize its activities, to interpret its aims, and to enlist the help of others in carrying forward its work or point of view, through the same methods: publicity in newspapers and magazines, radio talks or sketches, motion picture newsreels, speakers, exhibits, pamphlets, form letters, and so on. Those causes which have our sympathy we praise for their "public education"; but those that we do not like receive our condemnation for spreading "propaganda." Nevertheless, whether the purpose is the genuine welfare of the whole community or a selfish one, the technique of reaching the eyes, the ears, the minds, and the emotions of people is largely the same.

The best causes, unfortunately, very often have the least money to spend for a public relations program; yet the very nature of their objectives enables them to enlist the voluntary assistance of men and women in the community who can be helpful in securing publicity. When it is at all possible, it is of course preferable to employ someone, on either a full-time or a part-time basis, who is trained and experienced in the handling of publicity. Assuming that budget limitations definitely prevent the employment of a salaried expert, what should be done by a local organization—specifically, a public health nursing service?

First of all, the executive head of the organization must recognize that she is doing the work of a publicity director in addition to her other duties, and it would be well to allocate a certain amount of time for planning and carrying out publicity ideas. The volunteer helpers available in the community are of no use unless they are asked to do something specific, as nearly all of them

are busily engaged in their own major interests—such as the editing of the local newspaper, the operating of the local broadcasting station, or the preparation of advertisements for business men. Your organization must initiate matters and give assignments to the volunteers.

Your most valuable friend, probably, will be the city editor of the daily newspaper. He is always eager to have a good news story or feature article and he will be kindly disposed toward the public health nurses because of their humanitarian work. There are 2,000 daily newspapers in the United States, and any community that is large enough to have a public health nursing association probably has one or more daily papers; or if not, it has weekly papers. When you have an idea that seems to be worth developing, telephone the city editor and he will either send a reporter to write the story or let you know how much copy you should send him.

TIMELINESS IMPORTANT

The great handicap of most non-professional publicity workers is their lack of a sense of news values. This can be developed, however. Every news story must have timeliness or some reason for publication; if you wish to have some particular material published, therefore, you must furnish it to the newspaper as a summary of an annual report, a statement made at a meeting, or a public announcement issued by the association. Here are a few suggestions:

1. In connection with Child Health Day on May first, you can furnish the local newspapers with feature articles about the work of the nurses among children. You can explain what is done in looking after boys and girls who have measles, whooping cough, chickenpox,

and other communicable diseases, and how the nurses participate in the program for the prevention of these diseases. You can also tell of the effort being made by the public health nurses to reduce maternal and infant mortality; and to teach parents how to give intelligent care to their infants and children with the resources at their command.

2. The birthday of Florence Nightingale might be observed with a tea at which several speakers can outline the history of nursing and the development of public health nursing. This occasion may be used also for a talk or a sketch broadcast over your local radio station.

3. The anniversary of the founding of your association, especially if it is the fifth, tenth, or twenty-fifth anniversary, is a good time to issue a statement along statistical lines, giving such facts as the number of patients cared for since the establishment of the organization, and the total number of visits made; or an account of the widening of the scope of activities from the first year to the present.

4. A good "human interest" story could be obtained by a girl reporter from a local newspaper who is permitted to be photographed in a nurse's uniform and to accompany one of the regular nurses while gathering material for an article entitled "A Typical Day of a Visiting Nurse." Such a story should of course be approved by the person responsible for publicity in the organization to be sure its content is acceptable from a professional viewpoint.

5. The birth of triplets, or even twins, may serve as the occasion for a news story illustrating the helpfulness of the public health nurse in maternity cases.

6. The chronic sick in your community and the problems they present might be the subject of a special article

in which the part played by the public health nurses in the care of the chronic sick may be brought out.

7. Thanksgiving Day is a timely peg on which to hang a feature story answering the question, "Why I Am Thankful." This might be approached from the nurse's angle—that is, why she is thankful for the opportunity to help others—or it might be approached from the case story angle, telling why a typical patient is thankful for the assistance of the public health nursing service.

8. Mental hygiene can be the basis for an article explaining various behavior problems encountered by public health nurses, and relating the ways in which the nurses guide parents to a better understanding of the children's habit training in order to bring about a healthy mental as well as physical condition.

These suggestions are only the merest beginning, for the work of public health nurses is rich in news and feature material, if one only takes the time and trouble to search for and develop it.

Information gathered for the newspapers may be used also for broadcasting, either as a talk, or more briefly, as a radio bulletin given during the news period of your local broadcasting station. There are six hundred radio stations in the United States, and your city very likely has one or more stations.

In addition to the regular channels for publicity such as the newspapers and the radio, there are numerous other ways of informing the public about your work. For instance, you might induce local movie houses to furnish space in their lobbies for exhibits. An exhibit that would interest many laymen would be the contents of the nurse's bag, spread out very carefully. Another exhibit might include photographs of nurses in action on a variety of calls.

Paper, Pencil, and Publicity

BY MARGARET REDMOND

Special Correspondent, New Jersey State Federation of Women's Clubs, Madison, New Jersey

Mrs. Redmond is associated with the Press and Publicity Committee of the New Jersey State Federation of Women's Clubs, which she organized. From the experiences connected with that work Mrs. Redmond has derived these very practical suggestions for the use of press chairmen in various organizations.

IN preparing copy for publication, it is well to remember that first appearances count. Your form of presentation may entirely neutralize the value of really first-class material. The points which you would do well to remember may be discussed under three heads: the general appearance of your copy, your contact with the editorial office, and the preparation of the story.

Let us consider the first one. I think any editor will agree that a well prepared, clean page will receive attention where a better story may go into the waste-basket because it is slovenly in appearance, poorly typed or written, and smudgy where erasures have been half made. It is quite surprising how a typewriter will register one's moods and physical condition. A fit of temper or overtired head can cause the letters to jump out of line or push each other or even tangle up their neighbors by a tardy return to position. The result on the page is a letter above or below the line of words, two letters crowded into the space one should occupy, or an unseemly gap appearing in the middle of a word. All of this necessitates penciled corrections. If *you* do it, the page has an untidy appearance; if you leave it for the editor to do, the chances are strong that the paper will go in the waste-basket. There is no time in the office for correcting your copy.

The paper which you select should be of a standard size, about 8½ x 11 inches, and unglazed. A very good paper for club publicity is the dull-finished yellow paper ordinarily used for second sheets. This can be pur-

chased at any commercial stationery shop.

Type your story, if possible. ("Story" is the newspaper term for an article.) If you must use longhand, write with a soft, black lead pencil and *print all names* to avoid misunderstanding. Never use pen and ink; and save your fine stationery with the club monogram or address nicely embossed on it to use in writing a separate note if necessary. This note is attached to your copy. Do not write anything on the same page with your story. In any case, use only one side of the paper, and double-space your lines.

FORM OF COPY FOR NEWSPAPERS

So far as margins are concerned, all pages should have a wide one of about two inches at the left side, a narrower one at the right and about one inch left at the bottom. All pages except the first should have about two inches left at the top. The copy on the first page should begin about one third of the way down. This will leave room for the heading to be written in by the special editor whose job it is. Never write your own headline. At the upper left corner of the first page you place the name of your organization, with your name and official title underneath, your address and telephone number, and lastly the date of release. This is called the box, and is repeated in a condensed form on each page.

When you are sending copy to a number of papers, both dailies and weeklies, it is necessary to designate a date of release for the information of

the editor. If a paper does not have an issue on that date the editor may use some part of the story later, or may omit it altogether. He will not use it in advance of the date. Be sure to number the pages. Avoid commencing a paragraph near the bottom of a page; instead go on to a new one. All words should be completed within the line; if there is not room to finish a word at the end of a line, carry the entire word to the beginning of a new line, rather than breaking it with a hyphen. When set in type it may come in the middle of a line and the hyphen would be quite out of place.

KNOW THE EDITOR

Keep a carbon copy of your story and compare with the story as it appears in print. If you try to profit by the changes the editor has made it will help you in future writing. This leads me to observe that it is wise to know your editor. Learn whether there are special things to observe in the form of copy prepared for him. Study the requirements of each paper, and strive to meet them. As I have already suggested, if it becomes necessary to send some word to the editor, write a note on a separate paper and enclose it with your story, rather than adding it on the page with your story. Use the same care with its preparation as you did in the preparation of your story.

PREPARATION OF THE STORY

As to the story itself, there are three fundamentals to remember—the a-b-c's of all copy—accuracy, brevity, and clearness. Be sure of your facts; don't guess. Give names in full, or at least give two initials. Check the day with the date. Do not write "yesterday" or "tomorrow," but place the exact date in a parenthesis after the day of the week in your story. It may be printed as yesterday or tomorrow by the editor, if there is no chance for confusion; but leave it to the editor to decide. There are several editions to some papers and what might do for one would perhaps be an error in the others.

It is important to exercise the greatest care in the spelling of proper names, particularly those that are spelled in more than one way. People like to have their names spelled their own special way. Examples include Russel or Russell, Frederic or Frederick, Katharine or Catherine, Stephen or Steven. Be sure; don't guess.

Brevity is greatly to be desired, but not at the expense of a clear understanding of facts. All necessary information should be given, but long, complicated statements should be avoided. A concise, carefully worded story will get the editor's eye, hold the reader's attention and secure for you the publicity desired, where long-drawn-out statements weary the reader and bore the editor.

In your effort to be brief, do not sacrifice clearness. Be sure what you want to say, and make your meaning plain even to the hurried reader. The public will not take time to study out your meaning from involved abstruse sentences. *Aim to catch the reader's attention*; then give him the main part of your story at once.

THE FIVE W's

The first paragraph should contain all the important facts of your story. These can be amplified afterwards, but if they are stated in the first paragraph, the copy can be cut back to that point and yet the whole outline of your story will be retained. In the following paragraphs you may develop these facts as fully as you wish. The first paragraph should be built around the five W's—what, where, when, who, and why. These facts should be arranged in the order of their relative importance for the particular occasion. If the speaker is a noted person, give that first position; if the place is out of the ordinary, give that importance; if the occasion is notable, call first attention to that. Whatever is your most important fact, give that the leading place and follow with the rest of the W's as you may decide. This will give you a foundation on which you can develop as long a story as seems best.

In every organization there should be *one channel* for the release of news, and only one, the publicity chairman. All available material should be given to him (or her) and not sent to the paper by anyone else. If several persons are authorized to send releases, it only makes for confusion in the office of the newspaper, and even with the greatest care there is bound to be a time when two or more conflicting statements will be published. Have one person as the chairman and then help that one to give the best possible service. Do not permit interviews held with the lay members in your organization to be used for publicity material without the knowledge of your publicity chairman. She is held responsible by the organization and should pass on all copy before it is released.

The method used by the publicity chairman may differ in different cases. In a large group the chairman may have assistants to whom she will delegate definite responsibilities for certain papers; in a smaller group she will release everything direct to the papers.

I believe it will be valuable to consider some things that are *not* to be used as releases for publicity material. First of these are minutes of meetings. From them, interesting reports may be culled for the papers, but that is the task of the publicity chairman, not the editor. And cards of invitation are not publicity material, although often sent to the editor for advance notice of an affair. Likewise printed programs, and especially newspaper clippings, from other papers! You cannot expect the editor to be enthusiastic over the material which was previously released to another paper. All these set forms contain facts which the live publicity chairman will weave into a news story and condense into a statement ready for the

editor's use. It is really amazing how many newspaper offices are flooded with programs and cards of invitation or announcement.

AVOID EDITORIAL COMMENT

The publicity chairman should avoid editorial comment. By this I mean she should not give her opinions; but should state the facts in the third person form. You may think that some project is the greatest thing ever undertaken by an organization; but what is the source of your authority for making the statement? Is it some member of the group? Then give that person's name and quote the statement, with the reasons for such information. All statements given in the first person are the privilege of the editor and are confined to the editorial page. The publicity chairman should give facts, not opinions.

KNOW THE DEAD-LINE

In your contact with the editorial offices there is one fact that seems to me of prime importance. Learn the *dead-line*, and observe it. What is the *dead-line*? It is the time after which no copy can be accepted. Every paper has its own regulation, which the publicity chairman should learn at once. Publicity material can often be sent in early, in order that it may be given a chance for good space. If the release date is clearly stated, the editor knows when it is to be printed and will be glad to give all possible coöperation. Of what use is it for a publicity chairman to observe all the requirements for a good story, and then be too late to get it printed? Remember the *dead-line*; the early copy gets the space.

And as a final word—*news* must be

New
Entertaining
Wide in scope
Simply told.

Motion Pictures as a Medium of Public Information

RECENTLY the National Organization for Public Health Nursing has received several requests for information about motion pictures as a means of interpreting public health nursing, evidencing a growing interest in this subject. A number of organizations have made such pictures illustrating their services. Believing that the experience they have gained will be of value to others, PUBLIC HEALTH NURSING is publishing a symposium beginning with this issue, covering such questions as: silent film versus

talking picture; desirability of following one nurse through several typical activities or showing scenes with several nurses; selection of situations to be photographed; amount of detail to be pictured; rehearsals; technique in making the film; costs; experience in the use of the film.

If you have other questions that you would like covered in this series, we shall be glad to have them; or if you have had experience in this field, won't you please share it with others who are planning to make pictures?

THE MOVIE PROBLEM

By ELIZABETH S. CORNELL

Motion Picture Bureau, Welfare Division, Metropolitan Life Insurance Company

The motion picture provides at once two things—a primary teaching agent and a potent instrument for publicity or public information.* Before planning to make a picture, it is important to know what you are aiming at: (1) Is it to teach your workers better ways in which to handle the work? (2) Is it to teach people to use your service, to acquaint them with you and your organization? (3) Is it to raise money by arousing their sympathy with your needs? (4) Is it to raise the level of your standing as a profession or organization in the community?

DOCUMENTARY FILMS

The Latin root from which the word document is a derivative means *lesson*—by written or printed matter. A documentary film then is a teaching film visualizing the lesson as the printed word cannot. In other words, your teaching or documentary film must express those things that the printed page fails to call to mind. It documents on

the screen the intangible "how." Take for instance some of the best teaching films on the market today. By time lapse and micro-photography they show the growth of plant roots through the soil, seeking air and sunshine so that they appear to be living animate life. A shot of the cells of a leaf shows the coursing chromosomes similar to a raging torrent, plant osmosis, etc., processes which impress themselves on our minds as real. The vision is unforgettable.

In using a picture to teach procedures to your staff, for example, it is important to include those techniques that are hard to describe in your printed manual. Let the manual handle all that it can; let the movie supplement this printed word.

SUPERVISION OF THE FILM-MAKING

The second important step, after deciding on the purpose of the film, is its supervision. If you are making your own film, check and double check, for the minutest detail never escapes some

*EDITOR'S NOTE: This is called in the technical parlance of publicity experts, "propaganda." We have taken the liberty of changing the terminology here because of the unfortunate connotation often attached to the use of that term.

quick, even inexperienced, eye. Watch every spoken word, if it is a sound film; guard every printed title or caption as you would if you were an editor open to libel suits on the slightest provocation. Mistakes in a movie are more apparent than correctness. One blunder can wipe out much of the effectiveness of a film.

PRODUCER

The question of whether you can make your own movies or should hire a producer can only be settled by yourself as it involves too many questions such as cost, purpose, time, and supervision, to make generalizations. There are some twenty-three so-called "industrial producers" in New York and Hollywood ready and interested in making "educational," that is, non-theatrical films. For their names and addresses refer to "The Film Daily Production Guide and Director's Annual," available at most good libraries. For recommendation of one or the other on this list, refer to those people using motion pictures in their educational programs. For a list of such organizations refer to Frederic M. Thrasher, Associate Professor of Education, New York University, New York, N. Y., who has a mimeographed list of those in the New York City area.

If you have your film produced for you by an industrial producer, it is cheaper to pay more and get it done well. Don't "go second-rate." If you do, you might much better write the continuity yourself and hire a good cameraman to shoot the picture. There are lots of good old-time cameramen who have their own apparatus and are looking for small jobs like yours to keep them alive, if you will take the trouble to locate them. And your home-made continuity cannot be any worse than that written by a second-rate non-theatrical producer; in all likelihood it would be considerably more original.

For instance, the Henry Street Visiting Nurse Service has produced a beautiful picture depicting their work. It would be classified as a non-professional production. It was made by Anne Goodrich, a member of the organization and not a movie producer. She made

the shots, wrote the continuity, and gives the accompanying talk—which is most pleasing.

Then there is that exceptionally fine film produced by Dr. Donald G. Tollefson called "Around the Clock with You and Your Baby." Dr. Tollefson is a leading obstetrician of Los Angeles and Acting Associate Professor of Obstetrics and Gynecology of the University of Southern California School of Medicine. If you see the film you will be impressed with the intelligent supervision and care he has given to every detail. This film would be classed as non-professionally produced.

SIZE OF FILMS

There are two different widths of films used widely today; namely, 16 millimeter and 35 millimeter. Both widths cannot be used on one machine, but they necessitate two different sized machines. All theaters are equipped to show 35 mm. (sound) films and this width has been designated "standard" size. The majority of non-theatrical places, such as schools, clinics, clubs, health and social agencies, have the 16 mm. projectors (although predominantly silent now, the 16 mm. sound-on-film machines are rapidly replacing the silent projectors). The newest sound projectors of well known makes are equipped to show both silent and sound films. If your distribution includes 35 mm. films, have your negative made on 35 mm. stock and have your 16 mm. prints made from the same negative in what is called the "reduction process." A sound negative can also be used in preparing a silent negative of the same film with printed captions.

LENGTH OF FILM

If feasible the documentary (teaching) film should be limited to one or two reels (35 mm. is 1,000 feet long, 16 mm. is 400 feet long). If your facts are too numerous to be contained in one reel, plan a series of one reels. If this is not practicable, cut down subject matter to the bare necessities. For instance, confine yourself to one topic such as Prenatal Nutrition or Prenatal

Care, Care of the New Baby, Bedside Nursing Technique, A Day's Visits with Your Public Health Nurse. Remember that silent films are as good as sound for documentary films. More audiences can see them, because there are, so far, more silent projectors available; and you can lecture during the showing to add local color or answer specific local questions. Classroom teachers, for instance, are said to prefer silent to sound films.

NITRATE VERSUS SAFETY STOCK

If distribution in theaters is planned, your prints of films should be made on nitrate stock as theaters use nitrate entirely and this stock is cheaper than safety or non-inflammable stock. The showing of such inflammable films must take place, however, in a regular booth and a licensed operator should be in charge in accordance with the fire ordinances of most cities and states. All other prints should be on safety or non-inflammable stock.

VOICE

You will find that it is more difficult to find a good woman's voice for sound recording than a man's. If yours is an amateur film, it is better to hire a good speaker for the sound—unless you have an experienced public or radio speaker in your organization. If you happen to have access to a woman speaker, that one woman in a hundred who has not a tiresome broadcasting voice, by all means use her. Nothing could be better than an excellent feminine voice in a nursing picture, but only if it is a good one. Speaking of untrained voices, you will have to have your lecturer practice his or her lecture extensively, not only for timing and acquaintance with word and inflection, but to accustom himself to the tediously long task so that the voice will sound fresh and vital throughout. Practice and rehearsals of actors are always necessary.

The offside lecture or accompanying talk, by the way, is the easiest and cheapest sort of recording and one we are all used to in the theatrical news reels. Synchronized talking of the actors is a most effective way to tell

the story, but is not necessary in a documentary film.

COST

The cost of films can be almost anything. If you make it yourself, it could be \$200 a reel; if an outside producer does it, from \$1,000 to \$20,000 a reel. Cost should be broken down into separate items for clarification and modification according to the varying circumstances of your organization. For instance, if you plan to show the film yourself and will not need many prints, you might eliminate the negative, shooting your picture on direct positive stock. If you have well laid and extensive distribution plans, involving the use of more than a dozen prints simultaneously and the continuous replacement of prints, a negative is important and will last a lifetime practically. Negative costs may range up to \$10,000 for outside professional production cost including cameramen and assistants, sound engineers, electricians, equipment and materials. Costs for additional prints depend largely on the quantity you will eventually order but you can plan on paying around $2\frac{3}{4}$ cents per foot for 16 mm. silent; $3\frac{1}{2}$ cents per foot for 35 mm. sound-on-film; 3 cents per foot for 35 mm. silent, and the same for 16 mm. sound-on-film.

PUBLICITY FILMS

Above everything else the publicity film must have entertainment value. The more people who see the film the better, and one way of insuring a wide audience of several millions a year in theatres or other places is to make your film irresistibly appealing. For this reason home talent is less likely to succeed. Standards equal to the best theater short should be your criterion. The films "Not in the News" of the Citizens' Family Welfare Drive and "Seconds Count" of the United Hospitals Fund are both fairly good examples of money raising films. They both have sufficient entertainment value to be shown in certain theaters.

Careful supervision in publicity is important but not vital. Noteworthy ex-

amples in recent theatrical releases which have educational value are "Pasteur" and "The White Angel." Inaccuracies and limitations of both pictures from the professional viewpoint are surmounted by the sum total of inspiration which both pictures produce. This is worth a barrelful of technical detail. Such public education is priceless.

Sound too is vital to the publicity film. None of us is really entertained any longer by a silent movie. Even the old Charlie Chaplin pantomime films being revived in smaller theaters are dubbed with sound. A man's voice should be used in theatrical or publicity films, with interruptions by some well known woman introduced by him from time to time, if possible.

SUBJECT MATTER

This element of topic depends entirely on what phase of your organization you are trying to put across. If it is the organization's many and varying duties, showing the innumerable life situations met by each nurse, the film should be a kaleidoscopic, dramatic affair shifting from a river-boat hovel scene to a crowded tenement home, the Bowery

and Harlem, East Side and West Side, to show the whole gamut of humanity embraced by your service. If you want to emphasize the detailed care and the amount of work one nurse gives in a day, follow your faithful nurse from door to door; teach your public to recognize her as a person and a symbol when they see her on the street.

Theaters will book such shorts because they are really gripping entertainment. It should be known too that regular theatrical producers are much more cooperative than one would suppose them to be. Greater efforts should be made by those in nursing executive positions to approach that so called hard-boiled theatrical producer and induce him to take better cognizance of the nurse. Almost every large newspaper has a scientific editor to supervise write-ups on scientific meetings, discoveries, etc. The movies we generally see in theaters could be a great force to aid nursing if the public health as well as the private or hospital nurse were no longer depicted in the traditionally sentimental rôle. Much could be accomplished if the profession sought the cooperation of the producer.

MAKING A MOVIE FOR A VISITING NURSE SERVICE

By ANNE M. GOODRICH, R.N.

Henry Street Visiting Nurse Service, New York, N. Y.

In making the Henry Street Visiting Nurse Service picture the first consideration was the size of film to be used. It was decided to do the picture in 35 millimeter or regular theater size negative which allowed us to have 16 millimeter reduction prints made for use on small machines. The second consideration was the type of story; whether to follow one nurse through her daily activities or whether to take a series of scenes with different nurses. We decided on the latter course, primarily because the twenty-one centers in Manhattan, Bronx and Queens which are covered by the Henry Street Visiting Nurse Service, show such wide variety in housing, living conditions and modes

of transportation that we felt no comprehensive picture could be given by following one nurse in the small area to which she would naturally be assigned. Then, too, the advantage of taking a picture composed of various disconnected scenes rather than a continuous story of the work of one nurse is at once apparent when one realizes that under the former plan a scene may be eliminated if it is no longer applicable, and a new scene may be taken whenever it would seem advisable to show a new situation. Also, since one nurse is not being followed, the possible changes in her appearance over a period of a year or more would not have to be considered in filming the picture.

Naturally in an organization where the nursing staff averages 1,500 visits a day throughout the city, it would be impossible to show a cross-section of these visits in a reasonably short motion picture. We therefore decided to show nurses caring for various types of patients—an older person, a new baby, and some in-between-age people. As to our geographical locations, naturally there is the crowded tenement side of New York of which almost everybody thinks immediately in connection with visiting nurse work. We also wanted to show a better section of the city where some of our pay calls come from, and some of their almost rural situations which are encountered both in Bronx and Queens and seem almost unbelievable to people who think of New York City as a collection of tall buildings and overcrowded home situations.

PARTICIPATION OF STAFF

We therefore explained to the supervisors at one of their meetings what we had in mind, and asked them to have their nurses be on the lookout for interesting and typical situations. The nurses reported to the supervisors, who in turn called the main office. The Associate Director and I went out to look over the homes selected. We considered them first from the point of view of illustrating some specific phases of our work; secondly, from the point of view of the practicability of getting a good picture in that particular home. This latter consideration involved such questions as the attachment of our special photographic lights, the amount of available daylight, and the size of the room. If we decided to take the picture, we told the families what we had in mind—that we wished to make a moving picture so that we could show people what the nurses were doing. Without exception the patients were only too glad to lend their homes, their children, and themselves to this purpose.

Naturally amateurs are camera-shy. At first they are apt to look directly at the person taking the photograph. However, when they become accustomed to being photographed, and especially if

they are interested in the nurse's teaching, they pay more attention to the nursing treatment. This is essential if a good picture is to be obtained. Therefore, I found it indispensable to take an empty camera with me either on the first day when we went to look over the situation or at some time before the actual taking of the picture. I pointed this camera at the individuals who were to be the actors, from every conceivable angle. I stood on chairs and tables, and did all the other things which I might do to get my camera angles when actually taking the picture. By the time I was ready to use a film in the camera, they had become so accustomed to me that they no longer looked in my direction. Naturally one or two exceptions occurred which necessitated retakes, but on the whole they got over their curiosity and stage-fright surprisingly quickly.

AMATEURS SHOULD NOT BE OVER-REHEARSED

Another advantage of the scene-type picture which does not follow one particular nurse was that we were able in each case to use the nurse who was actually caring for that family. Therefore the family, and particularly the children, were used to the nurse and to carrying out her suggestions. We did not rehearse our scenes other than to go through them once with the nurse carrying on the procedures in her usual way. Naturally in the scenes with the babies, we moved the kitchen tables to the most advantageous spots for securing adequate lighting and taking satisfactory photographs, but we were careful at no time to arrange things so that the nurse stood on the wrong side of the patient or at such an angle that her movements would seem awkward. The advantage of not rehearsing the amateur cast too thoroughly cannot be overestimated when one realizes how stiff and self-conscious they become when they are thinking of each movement and facial expression that should follow in a given order. When the well prepared and thoroughly experienced nurse carries out her usual procedures in her usual way

with the family to whom she is known and with whom she has worked before, rehearsals become a liability rather than an asset.

It is impossible for the person taking the picture to be aware of slips in technique or slight accidents which may occur during the taking of the picture. Therefore, it is essential to have someone watch the picture being taken and in some small measure direct the action of the nurse. Usually the supervisor assigned to that particular district accompanied us when we were taking the scenes. Again the fact that this supervisor was familiar to the family and to the nurse made it easier than if one supervisor had followed from district to district. While we took our nurses in action carrying out the regular treatments which had been ordered in each specific case, we naturally could not carry through any complete treatment from start to finish, as the showing time for the completed movie was to be only about twenty minutes and each of our nursing visits averages over half an hour. We did, however, take long enough scenes to give an idea of the type of work in which the nurse was engaged and some of the background and personalities of the patients. When necessary we had "fades" and "wipes" made afterwards in the laboratory to denote the passage of time in some scenes. When the picture was completed it was a reel and a half in length—about 1,500 feet of 35 millimeter film. This is equal to about 600 feet in the 16 millimeter film, and we had had about ten per cent loss in film due to scenes cut out, retakes, etc. This is not high when one considers that the large motion picture companies count a ninety per cent loss as normal.

CAMPAIGN MATERIAL FOR LOCAL THEATERS

After completing our picture we had a 16 millimeter reduction print made, as the small amateur projector may be used without an operator's license at small gatherings such as club meetings. The large-sized film has an advantage in that it can be shown in the local mo-

tion picture houses. Ours has been shown in several, but due to the block booking system in the large theaters it is almost impossible to get this type of picture shown in the big cities. Small local theaters, however, are usually glad to show films, particularly during campaigns. The Henry Street picture has been sent to several public health nursing organizations in various parts of the country which wished to have it shown in their local theaters to illustrate public health nursing during their annual drives. We ourselves have used the small-sized film repeatedly during the past year. It has been shown 93 times in such places as private schools, public school auditoriums, mothers' clubs, civic associations, and church groups.

USED AS A SUPPLEMENT FOR TALKS

As I have been giving publicity talks explaining the visiting nurse service this year, both without showing the film and in conjunction with its presentation, I have been very forcibly impressed with certain facts. When the talks to groups (ranging from one-half hour to one hour in length) have been made without the showing of the film, the questions asked by members of the audience have shown that they did not have a clear understanding of points which I had stressed. It was especially difficult to make them realize that nurses not only go into the poorer homes where the patients cannot afford to pay, but also go into the better type of homes where the patients pay for the service, either in full or in part. On the other hand, when the picture has been shown there have usually been even more questions from the floor, but these have related to points brought out in the talk and have shown almost without exception that there was a clear grasp of the objectives of the nursing service—this even though the time allotted to the entire program was only half an hour and all but ten minutes of this time was taken up by the showing of the picture.

When we have shown the picture ourselves, we have accompanied it by running comment. It is a silent film rather than a talking picture, and for our purpose this has many advantages as it

allows us to stress different points in the picture for different types of audiences. For example, while the younger school child and the civic group may be interested in the same picture, the stories and explanations must be adapted to their ages and interests.

We have prepared a mimeographed sheet which gives a scene-by-scene description of the picture, including the social histories of the patients and step-by-step explanations of the procedures shown on the screen. This sheet has been sent out with the film when it has gone to other cities so that the person showing it may be familiar with what is to come in each scene. Naturally there are titles in the film and we have

found on the whole that the picture speaks for itself. When shown in local movie theaters it has usually been accompanied by musical records and the lack of sound has not been noticeable.

Our movie tells no continuous story, but the various scenes show glimpses into the lives of an old lady in lower Manhattan, a gypsy camp in Queens, a colored baby on a barge in Harlem, a newborn baby on a Bronx farm, a comfortable home in midtown Manhattan, and finally a mothers' club in one of our district offices. These scenes have held the interest of our audiences and have given them a clearer idea of what the Henry Street visiting nurses do in Manhattan, Bronx, and Queens.

RABIES

Rabies, or hydrophobia, is a communicable disease which affects dogs, and to a lesser extent, other domestic or wild animals. The disease is transmissible to human beings, usually through the bite of an infected animal.

The causative agent which attacks the brain and nervous system is a virus, filterable and ultra-microscopic. The nature of the disease is recognized in the public health laboratory by finding of small, round or oval structures in certain nerve cells of the brain. These minute structures, which take a red stain and are called "negri bodies," were first discovered in association with rabies by Negri, in 1903.

In dogs, rabies manifests itself in three stages: (1) The stage of irritability and restlessness. (2) The stage known as "furious rabies" lasts three or four days. The animal refuses food or water due to pain on swallowing (hydrophobia, from the Greek, means "fear of water"), drools saliva and bites persons or animals as it runs about. (3) The stage of paralysis, or "dumb rabies,"

results in death within a few days.

Universal application of preventive inoculations with anti-rabic vaccine, for which the world is indebted to Louis Pasteur, has made human rabies a rare disease. The following points relative to prevention, are worth remembering: (1) Medical care and wound disinfection should be administered promptly following exposure. (2) The offending dog or animal should not be killed, unless absolutely necessary; but rather, kept alive and under observation for at least ten days. A rabid animal dies of the disease within ten days; a non-rabid animal survives this period. If an animal is destroyed prematurely, laboratory examination may be rendered uncertain; moreover, needless expense may result. (3) Injuries about the head and neck are endangered by undue delay in preventive measures. With injuries on body or extremities, preventive treatments may be delayed without danger, pending the outcome of the period of watching the animal, or the receipt of the laboratory report.

—*Weekly Health Message*, The United States Public Health Service in coöperation with Iowa State Department of Health, May 4, 1936.

Bending the Twig, Indian Style*

BY MABEL DE LAMATER SCACHERI

PERHAPS the happiest child in the world is the little North American Indian. For some deep reason, known only to the simple, primitive heart, the Indian father and mother train their children on those psychological principles which only recently the white man has discovered.

Modern psychologists say, "Be slow and gentle with children; suddenness, either mental or physical, will confuse them. Let their life fall into a routine. Let them feel they're part of the family. Let them develop as individuals, and do not repress, but guide, their natural interests."

Nowhere are children more charmingly treated than among the Pueblo Indians, for example. It's rare to hear a little Pueblo cry or to see Pueblo children refusing to obey their parents or quarreling with their playmates. Rarely does a Pueblo Indian strike or punish a child. The little people are polite, gentle and happy. How do the Indian parents accomplish this miracle?

First of all, they are extremely fond of their children. Both men and women, young and old, always have time for the youngsters. The interests of the children are woven smoothly into the routine of the home. If the mother is making pottery, she gives the little girl a piece of clay to work with. Then she never says, "No, no, you are doing it wrong! Make your pot this way." She simply lets the child learn by trial and error and by watching her mother.

When the pots are ready to be fired, a whole host of children show up with ears of blue corn. The firing is done outdoors, without a kiln, by means of a sort of bonfire. After the blaze dies down, the mother always has time to shell the blue corn and rake some of

the embers into the sand, so that the children may drop the kernels among the coals and pop them.

Little girls are encouraged to balance on their heads little pots which are cracked or have turned out badly in the firing. If they break the pots, nothing is said. Soon they can bring up water from the river or pump.

Every Pueblo child can dance almost as soon as he can walk. At sundown you often see a Pueblo father, after a long day's work in the fields, pick up a tiny thing, perhaps only three months old, and hold the baby carefully against his breast while he chants a weird Indian song and goes through the steps of a dance. Indian rhythms are thus literally danced into the babies.

When the Pueblo puts on a dance, a tiny tot follows along after its elders, dressed up in ceremonial clothes just like the grown-ups. They bring up the rear of a long line of dancers, patting out the rhythm with tiny feet in buckskin shoes. Seldom do they err in the tempo, though the detail of the step may be a little vague. But again, no one corrects them or criticizes them. It is assumed they have their part in the tribal ceremony, that they are doing well. They learn in their own way.

The life of the entire Pueblo is slow and gentle and quiet. The bright sun rises, work in the fields and in the house goes on, there's clay to play with, there are playmates and dogs and cats, and one day is much like another. Adults speak to each other quietly, courteously. An Indian's voice is seldom raised; seldom is he inconsiderate in his speech. These habits are quickly picked up by the children.

Is it any wonder that Indian children are both happy and good?

*Reprinted by permission of *The Family Circle*. This material also appeared in *Indians at Work*, for March 15, 1936, published by the Office of Indian Affairs, Washington, D. C.

Avenues of Interpretation

Borrowed from Our Neighbors

The following series of short articles borrows freely from the experience of other health and social agencies in using various methods of publicity and public education.* Permission has been obtained to quote from publications of these organizations and we are glad of the opportunity to give our readers the benefit of their suggestions in regard to different avenues of interpretation which they have utilized successfully.

POINTS FOR POSTER MAKING

POSTERS are used by public health nurses for two purposes, publicity and health education. From an educational point of view they are far more valuable if they provide an opportunity for the student to express his own idea instead of copying the work of another. Whether used for publicity or for education, posters are more effective if they are either made by local groups or individuals or carry a local message.

Careful consideration of the purpose is necessary in planning posters for publicity or health education. The following principles underlying the use and making of posters, taken from a pamphlet, "Posters for Health Teaching," are of practical value to the public health nurse or publicity chairman.**

1. The eye grasps a pictured appeal more quickly than a lettered one and psychologists tell us the average person remembers longer what he sees than what he hears.
2. The educational value of a poster consists more in creating the desired attitude towards an object than in giving information about it. In other words, its appeal is largely to the emotions. If this appeal ties up with a strong, natural desire it is likely to be particularly successful.
3. A good poster contains a single, concrete idea. "Eat Wholesome Foods," as a title for a picture showing all the kinds of food good for children, will not make as good a poster as one which conveys some special idea about a particular food as: "Vegetables Make Us Strong"; "Spinach for Pep"; "Milk Builds Strong Bones."
4. A poster aims to get things done, so it must suggest action. Even if a poster

does not tell you something specific to do, it should result in making you want something sufficiently to make an effort to get it.

5. The appeal must be *positive*, not negative; it must tell what to *do* rather than what *not* to do. It has been found to be far more effective to suggest pleasure, success, happiness, etc., as a result of following health rules than to suggest dire consequences from failing to follow them.
6. The idea suggested in a poster must be scientifically accurate. Examples of popular slogans for posters which have been cited as violating this rule are "A Clean Tooth Never Decays" and "An Apple a Day Keeps the Doctor Away."

The effectiveness of a poster is greatly influenced by its construction. Some suggestions for making attractive posters, taken from the same source,** are:

1. A poster should be large and bold in design and should make use of striking color combinations rather than softly blended colors.
2. An oblong is easier to look at than a square and the long side may be used either vertically or horizontally. If it is used horizontally it is better to have the proportion of the height to the length about that of 11 to 24. If the long side is used vertically a different proportion—about that of 12 by 18—is found to be more pleasing in effect.
3. Construction paper which may be obtained in size 12 by 18 inches in various colors from school supply and paper companies is a good practical material from which to make posters.
4. Free-hand cut paper pasted on construction paper of a contrasting color makes an effective poster and is perhaps the most satisfactory medium for young children. Colored crayons may be used to

*See editorial, "Publicity as Public Education," page 499.

**Excerpts from *Posters for Health Teaching*, a pamphlet published by the National Tuberculosis Association, 50 West 50th Street, New York, N. Y.

make effective posters, but drawings with ordinary pencil do not show up well at a distance. For older children water color paints may be used.

5. In a good poster the lines used in drawing are directed *in* and not *out* so as to center the attention on one special point. This focal point, as it is called, need not be in the exact center of the poster but should not be too near the margin.
6. The title of a poster should be short and to the point. It is important that the lettering should be large enough to be clearly legible from a distance, but not so large as to be out of proportion to the picture. The letters should be neat and accurately spaced. A good poster may be spoiled by careless, uneven lettering. For little children a title of one word is desirable, as: "Sleep," "Milk," "Vegetables." For older children the idea may be more specifically defined, as: "Sleep Long Hours," "Drink Milk Every Day," "Play Out-of-Doors," "Eat Fresh Vegetables." A generally accepted standard is that the

title should never exceed ten words.

7. Children should never be allowed to trace pictures to use as posters. Magazine cut-outs are far less desirable as posters than even crudely drawn ones of original design. To have educational value a poster must represent a child's own attempt to express an idea.

A suggestion for poster making where time is limited is the use of gummed letters which may be purchased from stationery supply companies at a moderate cost. This eliminates the necessity for lettering by hand, which is a slow and painstaking process when neatly done. Although original drawings are encouraged for poster making by children because of the opportunity for self-expression, pictures cut out of magazines may be effectively used by adult volunteers.

THE USE OF RADIO

RADIO is used extensively as an advertising medium by commercial organizations with something tangible to sell; but it is also used by commercial groups whose only product is service. Since the product of this latter group is similar to that of health and social agencies, their experience in the use of radio is of interest to public health nursing agencies which are considering radio as an avenue of publicity.

The Policyholders Service Bureau of the Metropolitan Life Insurance Company published a study in 1933 on "The Use of Radio by Financial Organizations,"* which is based on the experience of 93 financial broadcasters. The following principles regarding the use of radio as a medium for advertising are taken from the conclusions reached in the study:

1. The advertiser must have something simple and specific to advertise; or if the services or idea be complex, it would seem to be imperative to reduce it to simple terms.
2. An inquiry should be made to determine whether the number of prospects for the service proposed is sufficiently large to make their development profitable.

3. It is important to have an objective or goal for whatever promotional plan is proposed.
4. An estimate should be made of the cost to reach this objective and an appropriation made, the amount of which is based, first, on a consideration of the expected returns; and secondly, on the estimated effort needed to insure these returns.
5. It is important to purchase enough time to provide broadcasts sufficiently long, sufficiently frequent, and over a sufficient period of time, to insure results.
6. A station should be selected which has the largest following among the class of people it is proposed to reach.
7. The program for the broadcast must be competently presented and designed to appeal to this class of people. A program should have a quality, an individuality, a personality of its own to make it different from other programs—a "something," repeated in each broadcast, that will set up the right association in the mind of the listener between your broadcast and your service. Unadorned, out-and-out advertising should be reduced to a minimum; but at the same time there should be an adequate direct tie-up between the program and the service advertised. The announcement of a booklet which will be sent upon request, or some other service or device that will invite action and cooperation between the audience and the advertiser is desirable.
8. It is important to select a day and hour

**The Use of Radio by Financial Organizations.* Prepared by The Policyholders Service Bureau, Metropolitan Life Insurance Company, 1 Madison Avenue, New York, N. Y. Available upon request, free of charge, while supply lasts.

for the broadcasts that will be timely for the people to whom they are directed.

9. It is necessary to provide—through the use of advertising in the newspapers, posters, and other media—for the adequate merchandising of the program.
10. There should be a means of checking from time to time on the audience and the results.
11. Because of the technicalities of radio and the need for understanding and observing advertising fundamentals, the employment of competent advertising counsel usually has been found advisable.

A man who has participated in the expenditure of many large advertising appropriations thus summed up his radio observations:

"What we have in radio is simply another means of communication; an additional medium. When the advertiser learns this he will begin to realize that to succeed with radio he must observe

the rules that hold for all advertising; the rules that are over and above, and that hold for all media. He will realize that he must have something definite to advertise; that he must get clear in his own mind what it is he expects to accomplish, and fix upon some means of checking the results; that he must tell his story in a way that will be welcome to listeners and that will win their friendship and patronage; that he must continue to broadcast enough, often enough, over a sufficiently long period; that it is as essential to keep at it in selling by radio as by other media. It is not enough for the advertiser to say, 'Let's spend a couple of thousand dollars and see what we get'; like as not he will get only a headache. What can be expected from advertising that lacks a central idea, or definite objective?"

NEW HORIZONS FOR THE VOLUNTEER INTERPRETER*

By HILARY CAMPBELL

Editor, Social Work Publicity Council, New York, N. Y.

As I walked from booth to booth at an ambitious pre-campaign exhibit of the work of 141 agencies, I thought of how many hours of volunteer time and how many units of volunteer skill must have gone into the preparation of the exhibits, the arranging of stage programs and the manning of the booths.

This is the phase of volunteer work we are especially interested to see built up—the volunteer publicity aide, who uses his or her skill in helping on the tasks of the publicity secretary or of the executive of small agencies.

MORE THAN WORD OF MOUTH

Heretofore the important rôle of the volunteer or board member as interpreter of social work has been considered word of mouth discussion of the work, speaking at meetings, committee work, or just the confidence her interest brings to the cause by her distinguished name on the letterhead. That is all quite necessary, but the very leisure and security which makes her a good

spokesman also trains her creative skills which can be exceedingly useful in the daily grind of the staff interpreter's job.

WRITING EXPERIENCE HELPFUL

As in other volunteer assistance, the aide cannot expect to do the cream of the work at once, but must go through the drudgery stages. Writing, for instance, is one talent highly useful in a publicity aide, but first there is the laborious clerical work of collecting material, digesting it, arranging it and checking it for the regular staff writer.

If the volunteer is aiding the editor with the agency's house organ, for example, there undoubtedly will be more clerical routine than published writing for a long time. But that is the kind of help an editor needs most and which finally leads to the fuller participation possible from a faithful volunteer who masters the fundamentals of a particular agency and job.

The same is true of the preparation of radio sketches, art work, newspaper

*Reprinted in part from *The Volunteer*, May 1936. Issued by Department of Volunteer Service, Community Council, St. Louis, Missouri.

releases, speeches, the annual meeting and the annual report. Important are the abilities to type, to proof read, to go out after information, to interview, to watch for books, articles, plays, movies suitable for review in a bulletin or use for interpretation.

The publicity aide can add variety to her job by alertness of imagination about the many tasks necessarily left undone by an overworked publicity secretary. She can do this by first relieving the publicity worker of much time-consuming preliminary work in all the

daily chores and then in the chores that get pushed aside as temporarily dispensable, but finally desirable.

Of course, there are especially talented individuals who in the pursuit of their art do an unconscious piece of interpretation. But for every gifted volunteer who can produce a classic there are a number of capable, dependable craftsmen who could undoubtedly get pleasure and profit from offering their ability to the complex task of keeping the public aware of what social work is trying to do.

HOME-MADE SILHOUETTE MAKING*

For exhibits and for printed matter, silhouettes offer effective illustrations. The *New York World-Telegram* (March 21, 1936) tells how to make them.

With a bed sheet, a bridge lamp and a floodlight bulb the amateur photographer can amuse himself by making silhouettes while he waits to take his camera outdoors.

In this simple sideline to indoor photography anyone can give free play to ability in composing a picture, with the problem of lighting reduced to the a-b-c's. A little imagination and experiment in posing will be rewarded with silhouettes that are dainty and graceful, amusing or startling in their portrayal of personality.

To make camera silhouettes, hang up a large sheet smoothly so it comes to the floor. A wide doorway is a good spot. Five feet behind the sheet place a bridge lamp with a 750-watt photoflood bulb and a silvered re-

flector. See that the lamp illuminates the sheet evenly.

Pose the person or group to be silhouetted two feet in front of the sheet.

Use fast film for indoor photography. Set the camera, on a tripod or table, far enough from the subject so that it is all visible in the finder. Arrange it for a time exposure, with the diaphragm at stop 8 on cameras using the "F" system, or at stop 1 on cameras with stops numbered 1 to 4.

When the picture has been posed have the subjects remain motionless and turn on the flood lamp and expose for two seconds.

A good way to time a two-second exposure is to open the shutter, say aloud, "A thousand and one, a thousand and two," and then close.

**American Journal of Public Health*, June 1936.



Courtesy Dutchess County
Public Health Association,
Poughkeepsie, N. Y.

Avoid the Poison Ivy*



VY POISONING, rhus dermatitis, is frequently an unhappy aftermath of joyous hours spent in exploring some woodland stream, hiking across the countryside, or picnicking.

Everyone should be familiar with this [ivy] plant, for it is easily recognized. The compound leaves always grow upon the stems in clusters of *three* leaflets—one for each letter of its name. One variety is a tenacious climber, spreading over rocks, fences, buildings, around trees and over the ground. In another habit, the plant may come up as slender, stiffly erect, little branched shrubs from winding underground rootstocks.

Poisoning results when parts of the body come in contact with the oily sap of the ivy plant. The substance from the crushed leaves or broken stems adheres to the skin, but the actual irritation may not make itself known until from twelve hours to seven days later. The first symptoms include a burning, itching sensation of the skin. This may be followed by the appearance of a red rash on the parts which have come into contact with the milky sap. The poisoning may never be more severe than this or it may develop into blisters. The rash may spread to all parts of the body if irritated by continual scratching or lack of care in treatment.

Some persons appear to be more immune to ivy poisoning than others; about one person in eighteen is badly poisoned by ordinary contact with the sap. Records indicate that children are more susceptible than adults. Some persons claim to be entirely immune, but it is doubtful if anyone can resist the direct application of the irritating sap to the surface of the skin. Others claim a susceptibility to poisoning if anywhere in the vicinity of the plant, but this is doubtful without actual contact [or contact with anything contaminated with the oily sap of the plant]. Even dogs and cats may carry the poison on their fur.

Treatment for ivy poisoning varies, but a thorough scrubbing of the skin with laundry soap and hot water is the first effective step in dissolving and removing the oily sap. Water alone will not dissolve the fluid. Excessive rubbing or scratching only spreads the infection and subsequent eruption. Equal parts of water and grain alcohol will dissolve the resinous sap, as will gasoline dabbed on with absorbent cotton or a bit of cloth. The irritation may be relieved by application of cooking soda, borax, or Epsom salts dissolved in hot water, a tablespoonful to the pint.

Immunization measures for ivy poisoning have been used with some success in prolonged cases, but as yet physicians have made no wide acceptance of this desensitizing treatment.

Most cases of ivy poisoning cause only temporary discomfort if well cared for, but others may be prolonged and spread over a wide surface area of the body. A physician should be consulted for treatment in such cases.

*Article reprinted in condensed form and illustration reproduced from *Public Health*, May 1936, by courtesy of Michigan Department of Health, Lansing, Michigan.

Community Health Education in Communicable Disease Control*

By ELMA ROOD, R.N.

Associate in Charge Health Education, Tennessee Valley Authority, Knoxville, Tennessee

Here are suggested steps for achieving real community planning for a health department program for the control of communicable disease.

COMMUNITY health education as applied specifically to the problem of controlling communicable diseases should seek to make meaningful every procedure aiming to prevent and stamp out these diseases, and at the same time to develop friendly, helpful and responsible attitudes on the part of all the people toward these efforts.

Education has been interpreted by John Dewey as a "responsible sharing on the part of each person, in proportion to capacity, in shaping the aims and policies of the social group to which he belongs." With this definition of education in mind, let us consider how to develop such understanding and interest on the part of the people that their participation in and responsibility for preventing communicable diseases in the community will steadily increase.

Throughout this discussion, three principles will be considered fundamental—first, that careful advance planning by the health department is absolutely essential; second, that the spirit which permeates the program contributes in a large measure to its success; and third, that the adoption of an attitude of self criticism will result in a program in which the drive for improvement comes from within, thus providing the most effective stimulus for staff education.

Because of the breadth of the subject, selective emphasis will be given to certain practical suggestions regarding the steps which a health department might take in instituting an adult health education program.

KNOW THE COMMUNITY

The first suggestion made to the health department which plans to begin an educational campaign on some problem of communicable disease is that they study the community as intimately as possible. Perhaps no point is so important in determining the success of an educational venture as to know the characteristics of the people. A knowledge of their intelligence, receptiveness, beliefs, prejudices, and superstitions is built up only through long-time contacts and is not accessible to a stranger in the community or to a new resident. Probably no one on the health department staff is able to observe these characteristics so accurately as the public health nurse who sees their outcroppings in the homes, especially in times of stress and anxiety, and who senses them in her contacts with groups throughout the community.

These characteristics often differ widely in different areas, which indicates the need for planning educational approaches and methods adapted to the situation. Where prejudices of long standing are concerned, success will depend upon gradually building up confidence in the health department and its work, perhaps upon shifting the emphasis to some problem entirely unrelated to the subject of controversy, and upon the gradual enlistment of community helpers who can do more than anyone else to change the attitudes of their own people. Dr. C. V. Chapin probably had these things in mind when he said, regarding the work of the health

*Presented at the Tennessee Health Workers' Conference held in Nashville, Tennessee, on January 30 and 31 and February 1, 1936.

department, "In considering public health measures we must take into account the state of public opinion. What is feasible in one community may not be feasible in another."

Then, too, it is well to know what influential groups and individuals in the various community centers have already shown evidence of civic interest or signs of active or latent leadership. The location of these groups and leaders and information about travel facilities in relation to rural centers are very important things to know in any community education program.

Last, and very important in its study of the community, the health department staff needs to know what the communicable disease situation is in the county, on which disease an educational attack is needed most urgently, and of which problem the people are most keenly aware. A short time ago an intelligent farm woman said, in connection with her interest in malaria education, "Don't you think we might have this kind of a program on tuberculosis next fall? We all know it is so badly needed." Here was a sign post which, from the standpoint of community readiness, pointed to the next step in the program.

On the basis of the most thorough knowledge that can be acquired about the community and its needs, some specific problem should be selected for the first educational attack. A well known community leader says, "The approach to adult education must be by the route of situations, not subjects." So, when a decision as to the "situation" is reached, the real planning can begin.

Up to this point the skyline has been drawn and the background of trees or ocean or hills has been sketched in. Now the picture of a community health education program will begin to take on definite character as the details are developed.

KNOW THE PROBLEM

The second suggestion is that the health department know the problem thoroughly. No better stimulus for staff education can be found than the need for

thorough knowledge of a community problem as a basis for preparing an educational attack. If the health department staff is to function as a unit, every member should be well informed on the problem chosen. Thorough information as to the cause of the disease, the means of spreading, and preventive measures should be supplemented with interesting points which will add to the clear understanding of the subject and prepare the staff to answer ordinary lay questions. And we must recognize the fact that in these days all questions may not be just ordinary ones.

This was shown in a farm demonstration meeting with a group of country women far off on an isolated road, where the health officer was showing pictures about malaria on the wall of the farm house.* At the close of the meeting, in spite of the fact that no mention had been made of treatment, a very earnest farm wife asked, "Doctor, what is the special advantage of atabrine over quinine, or is there any advantage?" The presence of the radio in rural homes is undoubtedly one factor which is influencing response on many public questions, and this must be reckoned with in the preparation of the staff.

Besides having a thorough knowledge about the disease itself, each member of the health department staff should know what environmental factors are involved, what constructive programs might be practicable in that community, what part the health department can play in assisting the community to carry it out, and what part the doctors of the community should have in it.

In addition to the above, the public health nurse should know the best methods of bedside care, the common complications to be watched for, and practical ways of protecting others in the home and community, if she is to be the best teacher to the mother of the family and the best assistant to the doctor on the case. Of course, since methods of nursing care change just as medical knowledge changes, the nurse must keep informed through a careful study of her professional magazines and new books, as well as through staff conferences.

At the close of an intensive period of educational work on malaria prevention one of the nurses in the group remarked, "I declare, I find myself looking for screens before I enter a house and then I just instinctively go up close to see if it is 16" mesh wire; and do you know, I am finding so many of my tuberculosis patients who have a past history of malaria, I am getting to wonder if *that* is significant." A health department that has prepared itself thoroughly in regard to knowledge of the problem has taken the most important step in developing interest and enthusiasm—two factors essential to insure success in any educational program.

DETERMINE METHOD OF APPROACH

The third suggestion is that the staff of the health department study to what extent the problem which has been chosen for intensive attack is already being included in the present program of the health department; and if a new approach is desirable, what form it should take. For example, if typhoid fever is the disease chosen for intensive work, it is essential to know whether calls being made in homes for other purposes are used to stress the danger of drinking water from the "fork" or river; whether emphasis is being given to teaching the elementary principles of sanitation in all conferences or classes for mothers; whether educational work is used to make meaningful every collection of water for analysis. Recently, a woman who lives where both typhoid fever and malaria are problems remarked to her neighbor that she couldn't possibly understand why the blood smears showed that all her family had malaria, when their well had been tested every year and the water pronounced satisfactory. The neighbor's comment was, "We certainly *do* need more education on malaria when anyone would say a thing like that, and she's not dumb, either."

A critical study of existing services will often disclose the fact that these services may be much improved upon from the standpoint of their educational content. In fact, surprise may be ex-

pressed at the number of possibilities for educational work that have hitherto been overlooked.

Staff conferences on the development of new educational methods might be carried on in coöperation with lay people, representing groups such as the schools, county government, farm bureau, civic clubs, and various interested community leaders. It is likely that such exploratory questions as the following will be brought out: Would group instruction of rural women in the causes, prevention, and home care of communicable diseases bring more general intelligent coöperation from the community with less time and expense than the present method of instruction in individual homes? Could each community undertake to organize such classes? Could more effective use be made of teachers' meetings by careful preparation of material, and by the use of a film or some other means for making the subject clear and interesting? Would it be of value to run regularly in the newspapers short, snappy articles that will be read and understood by the average citizen? How can the use of literature, pamphlets, mimeographed sheets, etc., be improved so that the people will be more apt to read them? Would it pay to institute an intensive campaign, or a series of regional institutes to stimulate more intensive interest in the particular problem, and if so, how could such programs be organized to meet conditions and resources of the local area? To what extent could such an intensive campaign be made to represent an effort of the community to meet its own problems and how could lay participation and leadership be given ample opportunity for exercise? Upon the answers to such questions will depend the next steps in the educational program.

DEVELOP COMMUNITY UNDERSTANDING

The fourth suggestion is that after the problem has been located and in general the method of attack has been determined, plans should be made for interpreting the problem to the community in an interesting and under-

standable way. This step presents a fertile field for study, requiring ingenuity on the part of the staff and ideas from the people in the local community. A successful community leader says, in emphasizing the importance of interest, "The adult is a student by volition. He has no direct incentive to submit himself to instruction. He has no credits or degrees dangling before him. . . There is no incentive except the desire to increase his learning. Learning therefore must be made interesting to him and demonstrated to be worth while in itself. No force but the attraction of interest can hold him."

CONFERENCE WITH LAY LEADERS

In order to work out methods to interpret the problem to the community, a joint conference of professional and lay leaders may be fruitful. In such a conference on malaria control, for instance, a number of pertinent questions might be introduced, such as: Would a demonstration make some point in the problem more clear? If so, what demonstration would be practical and possible from the standpoint of equipment? Which demonstration would be most practical in showing mosquito control measures—spraying a room, feeding gambusia with wrigglers, or hanging properly a homemade screen window or door? Could rural women from a home hygiene class or girls in the high school take part in such demonstrations? Would the making and interpretation of a blood smear before the audience be interesting and meaningful? Might it affect people's attitudes toward securing medical treatment?

What visual materials would interpret important principles in the care of a malaria patient? Would this problem lend itself effectively to presentation by an exhibit? (Not every problem can be shown equally well in this way.) Would it be possible to contrive a portable exhibit which might be available later for science classes in the county high schools? How about graphs or pictures to show the status of the problem and the progress which has been made locally in its solution?

If talks are given, how can they be planned so that they will be short, interesting, and to the point? How may technical terms be expressed in words of one syllable? If one has to refer to anopheles, could it not just as well be called a malaria mosquito? Would "insecticide" be better understood if called an insect spray?

VISUAL TEACHING

Would charts or blackboard drawings simplify any of the facts to be explained? Perhaps charts and posters might come out of a study made in a local high school class. Could a microscope be used in showing certain articles such as blood slides for malaria? Would a playlet or simple dramatic skit be valuable in teaching essential points, especially to those people who never attend a class or lecture and who respond more readily to an emotional appeal than to an intellectual one? Could a rural community take the responsibility for working out such a presentation? What effective films or slides are obtainable and how might a projector be secured? What materials are available as basic subject matter for teachers, or for the use of students in upper grades and high school? How much can the schools do to add to intelligent cooperation?

Anyone would readily see after a visit to such a conference that preparatory work for an effective presentation of one community problem can not be done overnight. It may require weeks or possibly months of planning if the material is to be the outgrowth of real educational effort all along the line. An adequate solution of all these problems requires not only the talent and ability to be found in the health department staff but also the ideas of interested, capable people from the entire county. The cooperative solving of such problems often furnishes the incentive for the organization of a lay committee and may bring into action certain local leaders who must be challenged by some real job before they will take an active part. The potential results of such community planning in terms of growth of the professional staff and intelligent participa-

tion by lay people are too far reaching to be predicted.

AROUSE COMMUNITY RESPONSIBILITY

The fifth suggestion is that serious study be given to developing responsibility on the part of the community. Calvin Coolidge once remarked, "The power of civilization was first learned when it was found that two men could roll a larger stone than one. A measure of a people's civilization is their ability to work together." Thomas Jefferson said to a contemporary statesman, "We both love the people, but you love them as infants whom you are afraid to trust without nurses, and I as adults whom I freely leave to self government."

The psychology that is behind ability to secure voluntary support from lay people would be very worth studying. This psychology is often largely responsible for successful community work. An illustration is found in two adjoining rural school districts. One of these districts provides hot lunches at noon, a first aid kit for every classroom, and good playground equipment. It has an active health committee of the Parent-Teacher Association interested in everything that concerns the health and welfare of children, and it has also a co-operative and friendly school superintendent, a man with vision to appreciate the contribution of the other fellow. The second school district shows no evidence of health services or community organization. A visitor to the latter community asked a public-spirited woman why they did not have a P.T.A. Her reply was, "We did have one, but we disbanded. We found out that he (the superintendent) wanted to run the world and so we just let him run it alone."

In this connection there are some questions that all health workers should study seriously and on which they should reach some definite conclusions. For instance, can lay people really be instrumental in providing important public health services? Can they bring about essential and needed changes in environment? Would it be an advantage for lay people to sit in from the very

beginning of plans for community health work? Are their opinions valuable? Do they have information about their own community that it would be well for professional people to know? Will courteous consideration and appreciation from the professional staff bring more whole-hearted participation? Should we always remember that a community program is the people's program and not ours? Does an expression of confidence in what people can do inspire them with confidence in their own ability? Does enthusiastic participation of lay people drive them to tell others about what they have done and so make of them health missionaries in their communities? After all, isn't the big thing we want to accomplish to make people desire what we have to offer and feel a responsibility for their own health program?

One cold morning the door of a health department in one of the northern states opened and a man roughly dressed walked into the room. Looking around to locate the health officer, he said, "Could you all tell me where you get them signs that you put on the house?"

The health officer asked, "What signs?"

"Well," the man said, "you see, my youngun was took sick out in the trailer wagon that we travels in. It is out on the edge of town about two miles away where I am cutting wood. The wife's mother give us a doctor book when we started on our trip from the South, and we looked it up in the book and she sure has got all the signs of scarlet fever. She's got all the signs the book says she'd have. Kids that live around the neighborhood always like to come in and play with my youngun so I thought I might get a sign that says *scarlet fever*. I ain't aimin' to spread it nohow."

The health officer, in describing the incident and what happened later, said that from whatever state that man came, he took off his hat to the work of the local health department that had developed such a coöperative friendly attitude in a citizen of a rural community.

STIMULATE COMMUNITY ENTHUSIASM

The last suggestion, then, is that the health department study how to keep a fine spirit throughout the development of the program so that every person who is in touch with the educational work will be left with a willingness—no, that isn't strong enough, a *desire*, or possibly we might even go so far as to say *enthusiasm*—for doing the thing that is recommended even though the doing of it may take personal time and effort.

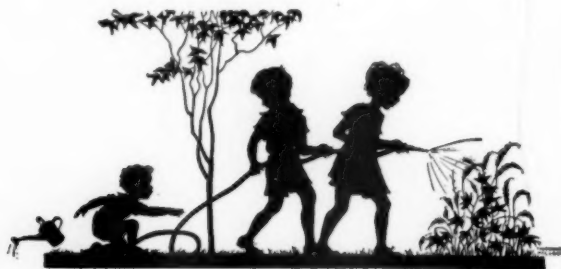
Such a program must be the result of step-by-step progress with the local community. No outsider or special worker can possibly find an effective place in this program except as ideas volunteered may be worked out locally by the people of the community.

A better knowledge of principles that underlie teaching and learning and an understanding of the psychology of people will help health departments to carry on their programs. Teaching methods should be part of every course preparing for any type of public health work, since without sound principles workers are trying to build bricks without straw, the result being a structure that will not stand under strain. Increasing interest in and better preparation for carrying on community education should bring about developments in staff education that will mean improvement in every phase of the work.

Even if parts of the program fail, this in itself will further reinforce the need of basic principles, and the lessons learned will but exemplify the slogan, "We learn best by doing."

Dr. C. V. Chapin, the pioneer health officer of Providence, Rhode Island, saw this years ago and said three important things in a memorable address to health officers, "... the last and most important measure for restricting contagious disease, *education*. This is the most important thing we can possibly do. First, we ourselves, as health officers, must educate ourselves. We must keep posted on what is being done . . . We must not try to teach people with a club, but we want to put the information before them so they will see it. It is the business of the health officer to strive to teach the latest truths of science to communities." And as an afterthought, he said, "Of course, education is slow, and we cannot expect to work wonders, but by keeping at it we will accomplish as much as, even more than, we can by all other methods."

Community health education in communicable disease control is thus a far-reaching job, worthy of the best and most careful planning if it is really to succeed in preventing communicable disease and at the same time to develop the friendly, helpful and responsive attitudes on the part of the lay people which will enable the health department to render a more complete service.



Courtesy Dutchess County Health Association, Poughkeepsie, N. Y.

A Portrait from Life

BY A PUBLIC HEALTH NURSE

There is a special appeal in this story of an episode in the life of a very young mother who plunged into marriage as an escape from an unhappy home. We publish it just as it comes to us from the health center to which she came for help; you are left to make your own interpretation.

TO be young and pretty, to long for the best that life has to give, to see nothing but failure in the past and to have no hope for anything but failure in the future! What a depressing outlook for a young woman of twenty-one!

Twenty-one. So short a step from girlhood, with its high hopes and dreams of what life has in store. Only a little while ago the gay, winsome high school girl dreamed of what she might do if only she could escape from her unhappy home life, the restraint of which she felt to be unbearable. Father did not understand. Her young sisters were in the way. And Mother? Well, her mother was not there. She had broken down under the strain and had been placed in a state hospital.

Grandmother was pretty good. She could not do much; but Grandfather's house was the most convenient place in which to entertain one's boy friends.

Ah, yes! her boy friend—perhaps that was the way out. The magazine stories and novels she had read told of the wonderful success and happiness achieved by other boys and girls. If only a boy and girl loved one another! Money did not matter so much if only one married the right boy. What an adventure it would be to be married and show all the grown-ups that she was able to take care of herself.

So the girl and her boy friend made the plunge into life—and they were just seventeen! The girl was high strung, temperamental, and unstable. Her people were Catholic. The boy was an only child of parents who interpreted life and religion by the old Calvinistic creed.

That was four years ago—such years

of storm and tragedy! Two girl babies had been born. At times their mother loved them to distraction; at other times it seemed as if she almost hated them. Always she neglected them shamefully. Their young father did the best he could; but he was utterly incapable of dealing with his wife's emotionalism, and usually took refuge in his mother's home. There he received sympathy for himself and nothing but blame and condemnation for his wife.

Then came the third pregnancy! It was at this time in her unhappy marriage that the young woman came to our clinic, begging for our help that she might avoid this last disaster. Her husband and her husband's family insisted that something must be done to interrupt this pregnancy. They had even bought for her various drugs which they urged her to take in order to induce an abortion. These remedies were all unsuccessful. Then her husband demanded that more radical measures should be tried.

The young woman was living in a state of constant fear—fear of what might happen to her physically and a frantic fear for her soul. Her dread had finally brought about a state of nervous excitement dangerously near to the border of mania. She was worn out with hysterical weeping and mental conflict. She was but twenty-one and she possessed such a weird sort of beauty that an artist of the modern school might well have found in her a model for the portrayal of Despair.

What could our clinic do for this maladjusted young woman and her distraught young husband? This is the story of what we *tried* to do; from it

you can draw your own conclusions.

The first step was to establish pregnancy, and for this purpose an AZ test was made at the local Maternity Hospital clinic. The test was positive and the patient was admitted to the prenatal clinic, with a full social history.

The clinic physician, without hesitation, recommended interruption of pregnancy on the ground that the patient's mental state bordered on mania. This recommendation necessitated a referral to the Maternity Hospital, of which the clinic is a part.

Knowing from experience that there would be a great difference of opinion among the medical group at the hospital, it was thought best by those in charge to have the patient first studied by a psychiatrist. A contact was made with the Psychopathic Hospital, and there it was planned that the patient should first be studied and a diagnosis made by the mental specialist. During a ten-day hospitalization, the patient was very carefully studied. It so happened that the staff of the hospital to which she had been admitted had in their possession the previous history of the patient and of other members of her family. As a result of the study the patient was referred back to the Maternity Hospital, with the recommendation that her pregnancy be interrupted because of her psychopathic condition.

After waiting about two weeks, the patient was brought to the Maternity Hospital where her case was presented before a large clinic of physicians for their consideration. As had been anticipated, there was a wide divergence of medical opinion; but after a great deal of discussion, much of which the patient heard, it was decided to interrupt pregnancy, and a date was set for the operation.

When the stage was finally set, a new difficulty arose. The chief of the hospital medical staff refused to put his O.K. on the order for operation. It was his opinion that the patient should be sterilized and that a hysterectomy should be done.

This raised more discussion; in the end the patient was once again called

to the hospital and the new proposition presented to her. As may be supposed, this seemed to her a far more serious decision to make, and she was full of fears and misgivings. She finally consented to have the radical operation performed, but with fear and trembling. On the day set for the operation, both the young woman and her husband arrived at the hospital determined to see it through and ready to sign the papers. The husband duly signed his name, but when it was the wife's turn her fears overcame her, and she begged for someone to assure her that it would be safe. "Please, please someone tell me that I shall be all right," she implored.

This was just enough to turn the balance of opinion. There was so much feeling among the clinic group that they were glad to see in this a way of escape. They discharged the patient as non-coöperative, with the instruction that the hospital be closed to her forevermore.

She had failed again, after what was really a heroic struggle to play the game. She had failed her husband, her friends at the nursing center, and worst of all, she had failed herself. But what could she be expected to believe when her ears were filled with controversial discussions as to what was right and what was wrong? The others could forget. But she had to go on living. And so she came back to us, and we who had hoped for so much wrote in our records, "Failed but not finished."

After this anticlimax we picked up the pieces and began again. We felt obliged to see our "delinquent" through her pregnancy. Our first advice to her was to go home and forget for the next two months that she was pregnant. This advice she followed, and when the nurse visited her after this course of absent treatment, she found the patient fairly well adjusted mentally and in good condition physically. Then followed a normal pregnancy. The only complication was an intense antipathy to doctors, in spite of which the young mother was finally delivered of a healthy baby girl. And to the credit of the Maternity Hospital, be it said that their extra-

mural service was made available in the final emergency.

The baby is now six months old. The mother has done much better in her care of this baby than she did in the care of the other two children. She says that she loves this baby more than either of the others because she was so wrong in trying to get rid of her. She

has a somewhat morbid fear that perhaps the child may still have to pay in some way the price of her unwillingness.

What of the future? Only time can tell. All the elements which brought about the former eruption are still there, just below the surface; and after all our young friend is only twenty-two.

*Pleasant it was, when woods were green
And winds were soft and low,
To lie amid some sylvan scene,
Where the long drooping boughs between,
Shadows dark and sunlight sheen
Alternate come and go.*

—LONGFELLOW.

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Courtesy New York State Education

Citizens' Committees for Public Programs

While the use of citizens' committees in public welfare programs is still in the experimental stage, reports are coming in that they have been successfully tried out in several places. The following summary of some of these attempts to interest the general citizen in the official program has been prepared by Evelyn K. Davis of the N.O.P.H.N. staff.

DR. Wilson G. Smillie, Professor of Public Health Administration at the Harvard School of Public Health, in his recent book, *Public Health Administration in the United States*, makes the following statement: "Health officers have found an advisory committee to be a very useful and effective body. It consists of fifteen to twenty influential and representative citizens that are interested in public health or some of its phases. They are selected by the health officer from social, professional and business organizations and have no official status. The committee meets quarterly or on special call of the health officer. It acts in an advisory capacity and serves to interpret the activities of the health department to the public, and to aid in carrying out the department's program."

Increasing interest is being shown in developing active lay participation in furthering the work of public departments, both health and welfare. The El Paso - Hudspeth - Culberson County Health Unit in El Paso, Texas, recently submitted the following report:

We have assisted in the selection and formation of:

1. The legal Board of Health of 7 members meeting monthly. We were instrumental in having men of renown and influence named on this board, which is composed of four physicians, one dentist, and two laymen. The mayor names two physicians, the El Paso County Medical Society one, the medical staff of the City-County Hospital one, the El Paso County Dental Society names a dentist, and the Commissioners Court and City Council each name a representative to attend these

meetings in order that they may be thoroughly familiar with the activities and accomplishments of the City-County Health Unit.

2. A Public Health Committee named by the Chamber of Commerce which meets monthly, except during the summer.

3. An advisory Health Board composed of a representative from every civic and welfare organization in the city, comprising about forty members and meeting quarterly. The object of this board is to advise with the health department and carry to their respective organizations the complete report of the work done by the health department.

4. A Public Health Committee named by the doctors, dentists, graduate nurses and the local chapter of engineers to represent their own specific organizations. All employees of the Health Department must be actively affiliated with their own professional organization; in other words, we have attempted to make public health work a part of the professional and civic life of El Paso.*

Two interesting projects in the development of lay groups in the social welfare field should also be noted. The National Committee on the Care of Transient and Homeless has advocated the use of advisory committees—federal, state, and local—in the development of the transient program, and a report of how this was carried out in Los Angeles is given in the January 1936 issue of *The Family*.

"Basically, the functions of this committee should be of a dual nature: first, coöperative, namely, utilizing all means which it finds available for immediate amelioration of the situation; and secondly—and a major objective—self-educative."**

While many local bureaus up to this time had not made use of such lay groups, Los Angeles realized their im-

*McCamant, Thomas J., M.D. "The Health Conservation Contest—Getting Financial Aid." Read before the Health Officers' Section of the American Public Health Association at the Sixty-fourth Annual Meeting in Milwaukee, Wisconsin, October 8, 1935, and published in the *American Journal of Public Health*, January 1936.

**Outland, George E., and Smith, Dorothy W. "Transient Service Advisory Committees in Los Angeles." *The Family*, January 1936.

portance and several committees were organized in the interests of the transient program. The accomplishments of these committees might be summarized under five points: (1) active backing of the federal transient program itself; (2) maintaining standards; (3) stimulating and educating the public; (4) offering valuable advice in various technical fields; (5) coördinating the work of local agencies with the transient service.

THE PROGRAM IN ST. PAUL

The other project concerns the formation of advisory committees in connection with the relief program in St. Paul, Minnesota. In a published pamphlet, "An Experiment in Public Participation in the Administration of Relief," the following summary of this experiment is given:

Looking toward coöperation of all relief forces in St. Paul, both public and private, there has been maintained since the beginning of the acute relief need some kind of a Citizens' Advisory Committee. Mayor Mark H. Gehan appointed an "Advisory Committee on Relief Problems" on or about July 1, 1934, which succeeded the citizens' group known as the "Relief Coördination Committee."

Among a number of purposes for which the Committee was appointed was the following: To maintain a widespread citizenship interest and participation in family welfare work so as to prevent the Board of Public Welfare from becoming a bureaucratic agency remote from the point of view and participation of the citizenship. To accomplish this objective, it is suggested that the Committee create Advisory Conferences in each of the six relief districts appointing a membership of twenty to thirty men and women representatives of the district and the citizens thereof.

Lists of representative persons in each district were drawn up in a consultation by the chairman and secretary of the Mayor's Committee, the secretaries of district committees and the relief supervisors in each district, after key persons in the various communities had been approached for suggestions. In making the selections of members for these groups the following considerations were weighed:

- Position and standing in the community (business, professional, or social).
- Amount of influence in the community (range of contacts).
- Connection with civic or welfare organizations.
- Opportunities for contact with relief clients.
- Civic and social interest.
- Soundness of judgment.

It is interesting to note the wide diversity of occupations represented on these advisory committees. The largest number in any one occupation were housewives (74); second in order were social agency representatives (24); third, business executives (20); next, in the order of frequency, were educators, clergymen, merchants, business employees; also represented were lawyers, farmers, bankers, doctors, nurses, and ten additional occupations.

The four-fold purpose of the Committee was presented as:

1. To acquaint the members, as representatives of the community, with the organization, problems, and procedures of the relief administration.
2. To spread to friends and neighbors information gained, and to correct misinformation encountered.
3. To coöperate with the relief administration by supplying helpful information, voicing community opinion, and offering constructive suggestion or criticism.
4. To study and attempt to solve special problems pertaining to each district.

After the committees had acquired something of an elementary working knowledge and vocabulary they evidenced their interest in angles of the problem varying with the different localities, and the meetings took on a wider scope of subject matter.

In addition to attending the regular meetings of their particular groups, volunteers from each committee have attended hearings of the Board of Public Welfare, and a number of persons have spent half and whole days visiting the district offices during working hours in order to get a better conception of the problems. Others have done considerable work on special subcommittees.

At a recent meeting of committee chairmen a recommendation was made that these committees be continued because, in the opinion of the members themselves, more tangible results can be obtained now that the ground work of the present year has been done.

While such committees for tax-supported agencies are on the whole still in the experimental stage, particularly in the field of public health, it would seem to be an experiment worth pursuing. In a time when adequate support for both public and private agencies depends to a large extent on the accurate interpretation of the agency program to and through a group of interested citizens, the efforts made to secure the interest of such citizens' groups may be more than repaid.

Gleanings

This department is devoted to new ideas regarding improvised equipment, publicity programs, administrative problems, etc. Send us your contributions!

A TRAVELING LIBRARY

The Michigan State Organization for Public Health Nursing has used successfully a traveling library. The library includes about thirteen books which were selected because they serve as reference material for public health nurses or for parents. Six sets of pamphlets from various organizations, about thirty in each set, are also included.

When an institute is being held, the books and one set of pamphlets are on display. In discussing various health subjects at the meeting—such as nutrition, child care, maternal health, or communicable disease control—reference is made to the fact that the books and pamphlets on these or similar topics can be studied after the meeting and that information about the costs and the publisher or organization supplying the pamphlets can also be secured. Usually the collection remains about a week before it is returned to the headquarters office of the Michigan State Nurses' Association. It is hoped that the various communities will be stimulated to get

their own books after seeing the sample set. Between scheduled institutes the library can be sent to different counties where it remains a week or two.

To save time in packing and unpacking the books and pamphlets, wooden boxes about fourteen to sixteen inches long were built by a carpenter to hold the materials securely. Each box has a hinged cover fastened with a padlock. They are stained mahogany color and serve as bookcases as well as packing boxes.

The pamphlets are bound in individual heavy cardboard covers with titles written on the cover in ink. This keeps them neat in spite of constant handling.

Much interest has been shown in the traveling library, and at one meeting the local librarian volunteered to arrange on a special shelf in her own library the books like those in the display. Also the local newspaper carried a list of the books which were a part of the city's permanent library collection.

AN INTERPRETATION PROJECT

The Montclair Community Chest (New Jersey) has an Interpreter's Committee organized for the purpose of interpreting agencies, both chest members and non-members, to each other and the community. As a project the committee obtained the coöperation of a New York daily newspaper in conducting an institute on publicity. While not confined to the use of newspapers as a publicity medium, the program of the institute centered around newspaper copy and methods. Prizes were offered for the best reports of the institute, the newspaper editors being the judges. Two prize-winning articles were read at the

next meeting of the Committee and were followed by talks from the director of a local paper and a reporter from a Newark paper.

Through the Interpreter's Committee an exchange of speakers has been arranged between the various agencies so that talks have been given at board meetings of agencies by members of the board or staff of another agency. One session was devoted to a discussion led by Evelyn K. Davis, Assistant Director of the National Organization for Public Health Nursing, regarding the use of volunteers in social work and the duties and activities of board members.

DUAL PUBLICITY

The Visiting Nurse and Tuberculosis Association of Elmira, New York, recently completed a publicity project which has not only filled a long felt need for some visual interpretation of the work done by its nurses but has also stimulated the interest and understanding of the board members in the work of the association. Dual publicity we might call it.

The product of the united labors of the board members is an exhibit—a miniature cross-section of two houses, each containing four rooms, all of which are completely furnished to demonstrate actual nursing or health services rendered as a part of the organization's program. A large framed placard explaining the set-up of each room is displayed along with the exhibit.

The exhibit project was the direct responsibility of the Publicity Committee, but the planning of the general set-up and the making of the furnishings were done by the board members. Only

the two wooden houses in cross-section were made by others. These were constructed by students at the Opportunity School, thus affording them an opportunity to participate in a community project.

The completed exhibit was unveiled at the annual meeting in January. Since that time, it has been almost continuously on display in various places. The arrangement for its display in these places is the responsibility of the chairman of the Publicity Committee. However, she assigns to some member of the committee the responsibility for seeing that the exhibit, completely set up, is at the proper place at the appointed time.

The time and work put into the carrying out of this project by the board members has not only resulted in an excellent medium through which the work of the organization may be brought before the public, but their own appreciation of the organization and its work has been made more vital.

PRIZE POSTER



This poster received the prize in a contest of the Monmouth County Organization for Social Service, Inc. (Red Bank, New Jersey), and is used on all the organization's publicity material. Such a device helps to identify the material with the organization, in the minds of the public.

Which Kind of a Copycat Are You?

EDITOR'S NOTE: We all borrow at times from other sources of material and ideas, especially in connection with publicity, but when we do this it is well to know some of the precautions to take and pitfalls to be avoided.

There are two types of copycat—the friendly, purring puss who makes friends with everyone, and—well, the other kind. It all depends on how we go about it. Do we punctiliously ask for permission to use another organization's pet publicity device and give due credit to that organization? Do we secure permission to reprint, excerpt, or adapt printed material which we wish to use in our own publication? Do we carry a properly worded credit line for all such material used?

It is only human to be pleased when someone thinks our ideas are clever, and a request for permission to use others' material will rarely meet with a refusal. But let us surreptitiously appropriate this same material and we will most likely be met with ill will, a wrathful author, or a suit for plagiarism.

Most magazines, books, and a great deal of other printed material are legally protected from such "borrowing" by the copyright. This means that if anyone uses in any form material from a copyrighted source, permission must first be secured from the holder of the copyright and credit given. And even though the material to be used is not

copyrighted, it is always best to secure permission and to give credit to the author or organization.

In writing for permission to reproduce material, be specific. State the purpose of your own agency, how and why you wish to use the material, and ask what wording you should use in the credit line. Then if you have received permission to excerpt or reprint in part or in full, do so by quoting directly without distortion or mutilation. If you wish to rephrase or adapt material, state so when asking for permission and be sure that the credit line makes clear the fact that the material is not directly quoted.

When we ask for permission to use another's material, we pay him a compliment. Indeed, the Social Work Publicity Council believes that the quotation of other people's material with permission obtained and proper credit given may prove a definite asset to an organization. We quote from its *News Bulletin* as follows: "As a matter of fact, reproducing other people's work with proper acknowledgment has a positive side and can make you a host of friends and an inflow of good will."*

*The inspiration for and content of this article are taken from a discussion of "Making Friends Through the Credit Line" which appeared in the *News Bulletin* of the Social Work Publicity Council, New York, N. Y., March 1936.

PHOTOGRAPHS—THANK YOU!

Photographs have been received, in response to our appeal for them, from the following agencies:

Visiting Nurses of San Diego, San Diego, Calif.

Visiting Nurse Association of Santa Barbara, Calif.

District Nurse Association, Middletown, Conn.

Grant County Tuberculosis Association, Marion, Ind.

Visiting Nurse Association, Holyoke, Mass.

Juliet A. Whitteker, Consultant Public Health Nurse, Massachusetts State Department of Public Health, Northampton, Mass.

Greater Lansing Visiting Nurse Association, Lansing, Mich.

Visiting Nurse Service of Hackensack and Vicinity, Inc., Hackensack, N. J.

Visiting Nurse Association, New Brunswick, N. J.

Albany Guild for Public Health Nursing, Albany, N. Y.

Visiting Nurse Association of Cleveland, Cleveland, Ohio.

West Side Visiting Nurse Association, Kingston, Penna.

Tacoma Public Health Nursing Association, Tacoma, Wash.

Nurse-of-the-Month

LILLIAN E. UPHAM

Michigan

My elementary and high school education was obtained in Grafton, North Dakota, where I was born. After high school, I taught in the rural schools of the same State for two years. In 1924 I entered the Seattle General Hospital Training School for Nurses and completed my work there in 1927. Then I went to Astoria, Oregon, and did general staff nursing for one year in the Columbia Hospital.

After taking the Public Health Nursing Course at the University of Washington in 1929-30, I came to Michigan to do public health nursing for the Children's Fund of Michigan. The program which this organization carries on is essentially a rural one and most of the nurses are stationed in rural communities. My first work was with the Isabella County Health Unit, where I remained for a period of four years. In September 1934, I was transferred to Mecosta County, which has no organized public health program.

Beginning in June 1936 the Children's Fund has granted me a leave of absence for the purpose of further study. I shall enter the University of Washington as a candidate for a Bachelor of Science degree.

Dear Miss Hamilton:

Last night I had the strangest and most interesting dream. The chairman of the Board of Supervisors came to call on me just as I was leaving the office for my day's work. He explained that while traveling through this district he had decided to stop and see what the Children's Fund nurse was doing in Mecosta County and how far-reaching was the effect of her work.

I asked him if he would like to spend a day with me in the field and get a picture of a generalized public health nursing service. As this seemed to meet with his approval we went out to my car, which is an important part of my equipment. Opening the trunk of the car I exposed to view the snow shovel, tire chains, tow rope, and tools. Back of the front seat were stowed my nurse's demonstration bag, which contained the things necessary for first aid; the school bag with foot-candle meter, vision-test-



Ready to Start

ing chart, literature, and equipment for physical inspection in the schools; and a pair of scales. After inspecting these, we set forth.

Our first stop was made in the village of Stanwood. There we called on an eighteen-year-old expectant mother. She proudly exhibited her breast tray, maternity kit, and layette all ready for her confinement. She was so enthusiastic and eager for information that it was a real pleasure to assist her. Because a physician from a nearby town has office hours in the village daily, this girl was receiving medical supervision, so it was not necessary to take her blood pressure and test her urine—procedures which we are equipped to do if the patient is not able to be under the continuous care of a physician.

Down the street we stopped to see the mother of a pair of husky, ten-day-old

twin girls. They each weighed eight pounds at birth and under the excellent care of the grandmother were doing well. She had many questions to ask regarding their care and feeding schedule. Prenatal instructions had not fallen on unheeding ears as the mother, with a minimum of expenditure, had secured the necessary supplies for herself and the babies.

The supervisor was interested in the adult groups and so we drove on to the southern end of the county. There in the village of Morley, above a store, was a group of women working on a WPA project. They were sewing under the direction of a sewing instructor. Twice a week, for sixteen two-hour classes, these women had been given a course in Home Hygiene and Care of the Sick by the nurse, under the authorization of the American Red Cross. The local chapter and interested lay people had assisted in outfitting a room for the purpose. A double bed with mattress and bedding was used to demonstrate how to care for the sick in a home. The women demonstrated some of the things that they had learned during the course; for example, the preparations necessary for a home delivery, the care of an infant, diet planning for preschool children, the improving of equipment such as an ice-box, a bed-pan, and a toilet chair. One of them gave a demonstration of first aid and bandaging, and another demonstrated artificial respiration. Several of the women told of the uses to which they had put their knowledge in their own and their neighbors' homes.

We went from there to a rural home. Here there were two young preschool children, both wearing glasses to correct their crossed eyes. Their mother told us that as soon as the boys got up they demanded their glasses, wore them all day, and that she sometimes had to take them off when they were asleep at night as the boys forgot to do so. These young children will probably have perfectly straight eyes in a few years. The Children's Fund has two ophthalmologists who devote their entire time to doing refractions for the children whose

parents cannot afford to take them to an ophthalmologist. Preschool and school children who show symptoms of visual defects are given an examination and are provided with glasses if needed.

Eye clinics were held in 1931 and again in 1933 in central points in Mecosta County where, each time, over four hundred children were benefited. For the past six years a summer dental clinic has been provided for indigent children of grade school age. These various clinics have interested parents in visual and dental corrections and an increasing number of them are securing corrections independently.

As we drove along, I described these various parts of my work, picturing the work especially in terms of results.

LAY COMMITTEES

We called on the chairman of the Mecosta County Child Health Committee, who explained the organization and functions of the committee. There is a chairman in each of the sixteen townships and each chairman organizes her own district. The committee acts in an advisory capacity; assists the nurse in meeting the health needs of the community; provides transportation for children attending clinics and conferences; organizes preschool and infant conferences; takes charge of eye and dental clinics; and refers to the nurse prenatal mothers, preschool children, crippled children, tuberculous patients, or any other patients whom the committee feels are in need of special attention. She told us of the interest which the lay people have developed doing committee work and of the responsibility which they feel toward the health situation of their community.

"Just how much preventive work are you doing in this county?" asked Mr. Blank of me as we left the county chairman.

"In comparison with that done in the entire State we are doing a relatively small amount, but each year we are accomplishing more. In two of our centers this year three hundred children between the ages of six months and ten years, from six townships, were im-

munized for diphtheria by the local physician, at the nominal sum of ten cents each. In three other centers plans are now under way by the local physicians to carry out the same type of immunization program. In another community a regular spring feature of the school program is the immunization of infants and preschool children.

"In the year of 1935 a tuberculin testing campaign was carried on with the assistance of the County Medical Society, the Michigan Tuberculosis Association, and local lay people. In all of the rural areas, villages, and the one city in Mecosta County, seventh and eighth-grade children, high school students, and all contacts and suspects who so desired or were referred by physicians were given tuberculin tests. The positive reactors were X-rayed by the use of a portable machine sent by the Michigan Tuberculosis Association. These X-rays were interpreted and the findings and recommendations were reported to the local physicians. Of 1,811 children, teachers, and adults who were given the skin tests, 331 were positive reactors. All these were X-rayed. Among them were found 57 cases of childhood type tuberculosis, 1 adult case, and 2 suspicious cases. Tuberculin testing is readily accepted in a rural community, probably because it has been done by farmers on their cattle."

Although it was nearing the end of the day, I had to show the Supervisor

my particular pride, Fork Township Consolidated School. In a small village in the northeastern corner of the county, this new school was built last year. The superintendent is keenly interested in public health, as are the local physician and the lay people. A health room was equipped, and with suggestions from the nurse it was made suitable for eye clinics and dental clinics. The room was outfitted with running water, a first aid kit, record files, a desk, a small bed, and a closet for supplies. A monthly infant and preschool conference, sponsored by the Mother's Club, is held; regular immunization clinics are conducted by the local physician; and the teachers are carrying on an excellent health education program. A hot lunch is served to the rural children at noon.

As we turned towards the county seat where the nurse's office is located, I confided to Mr. Blank my goal for Mecosta County—a health department which would meet the needs of the community, and would serve as a center for all agencies working to promote health and to prevent disease. Under the Michigan Department of Health, the county unit would supervise and control all matters in regard to health.

When I awoke from my dream it had all been so real that I doubted for a few minutes whether it had been a dream and not an actual experience.

Yours sincerely,

LILLIAN E. UPHAM, R.N.

NOTICE TO OUR SUBSCRIBERS

Some of the nurses attending the Biennial Convention were under the impression that the American Nurses' Association in asking the House of Delegates to approve a joint committee to study the possibilities of amalgamating PUBLIC HEALTH NURSING and the *American Journal of Nursing*, were asking for a vote in favor of such an amalgamation. Such was not the case. This was simply a vote to ask a committee to study the matter. This joint committee will study the problem during the coming year and report back to each national board. No combination of magazines will be undertaken by the N.O.P.H.N. without a referendum vote from the N.O.P.H.N. membership and subscribers to PUBLIC HEALTH NURSING.

Advertising an Hourly Appointment Service

We are outlining here some suggestions which we have received from many sources regarding methods by which the public can be informed about an hourly appointment service. Have you found any other methods successful? If so, won't you write us about them so that they may be shared with other organizations?

A. Printed Word

1. Leaflet to:
 - Physicians
 - Organized nurses' groups
 - Industries—medical and personnel departments
 - Compensation clinics
 - Ministers
 - Superintendent of hospitals
 - Health and social agencies
 - Unions
 - Dispensaries
 - Schools and colleges—medical departments, principals
2. Paid advertising
 - Newspapers (periodically)
 - Signs—in buses, taxis, factories, stores
 - City directory and telephone book
 - Medical, dental, and nursing bulletins
3. Cards
 - Carried by nurses
 - Posted in hotels (on bulletin boards and under desk glass in rooms)
 - Posted in hospitals (under bureau glass in rooms)
4. News items
 - In newspapers, periodicals, professional and organization publications (*e. g.*, church bulletins, chamber of commerce bulletins, etc.)
 - Feature stories with pictures
 - New staff members
 - Board meetings
 - Monthly and annual reports

B. Spoken Word

1. Individual contacts with:
 - Physicians, patients, prominent citizens, other nursing services, leaders of organizations
2. Group contacts:
 - Professional societies—medical and dental groups, nursing districts, social workers and teachers
 - Service clubs—women's clubs, church and school societies
3. Radio:
 - Features or announcements

C. Posters

1. Small-sized—to post on bulletin boards of schools, colleges, hotels, stores, industries
2. Large-sized—for exhibit purposes

D. Miscellaneous Approaches

1. Concentrate on a given area for short period
 - Place cards and leaflets in apartment houses, drug stores, tea rooms, beauty parlors
 - Call on all doctors
 - Make group talks
 - Prepare and display exhibits
 - Keep track of increased calls over period of several months
2. Send a letter to all appointment patients enclosing a card and asking them to pass the card on to a friend and to tell friends about service

THE AMERICAN JOURNAL OF NURSING FOR AUGUST

Pernicious Anemia.....	Eugene C. Eppinger, M.D., and Frances M. Daggett, R.N.
Romance in the Medicine Chest.....	Bertha C. Cady, Ph.D.
The Private Duty Nurse as Teacher.....	Nell V. Beeby, R.N.
Staff Education.....	Irma E. Reeve, R.N.
Report of the Los Angeles Biennial Nursing Education Department	
President's Address.....	Effie J. Taylor, R.N.
Preparation of Teachers for Schools of Nursing.....	Edna Bailey, Ph.D.
Promoting Professional Growth of the Faculty in Schools of Nursing	William A. Burton, Ph.D.
Nursing in a Clinic in Basra, Iraq.....	Renee Mikha Isaac

What Is Wrong with This?

Our "What Is Wrong with This?" series has brought such an enthusiastic response from the field that we would like to try another "What's Wrong" series—this time on the subject of publicity. We are beginning this series with a news item, quoted below.

In this issue we are also publishing an interesting article on page 503 entitled "Paper, Pencil, and Publicity." Won't you *first* read this article on newspaper publicity by Mrs. Redmond; then turn back and read very carefully the following news item, noting wherein it fails to measure up to the standards of a good newspaper "story." Then *after* you have made your own corrections, turn to page 546 for a list of some of the errors which have been made. If you discover others, do write us and we will publish them in the September number of the magazine.

We had thought of having a "What Is Wrong with This?" in regard to annual reports, publicity devices, and similar topics. We should be glad to hear from you as to whether you think such a series would be helpful.

Also, on page 546, you will find further corrections for the Lazy Angelina case which appeared in the June issue of the magazine.

Sample news item:

The regular meeting of the Blanktown Visiting Nurse Association was held on Wednesday evening at seven o'clock. The large attendance was most gratifying. Mrs. J. Smith, president of the Association, presided.

The director, Miss Reed, read her report for the period, pointing out that 785 visits had been made by the nurses since her last report was given and that this was the largest number of visits ever made during a similar period of time. Such an increase in the number of patients visited is a very tangible evidence of the splendid work being done by the organization.

The speaker of the day, Miss Mary Darby, of the State Organization for Public Health Nursing, was introduced by the president. Miss Darby outlined the most recent trends in the field of public health nursing, pointing out the value to the community of a well organized, adequate public health nursing service. Her remarks were most timely as the meeting had been called primarily to lay plans for the Association's drive for funds to open on the thirtieth.

The next meeting of the Association will be held on Wednesday, September 24, at the home of Mrs. L. W. Libby.

GUIDE POST FOR BOARD MEMBERS

How does your agency prepare its newspaper publicity? Important things to know in regard to this strategic medium of publicity are outlined in two comprehensive articles. Page 501 and page 503. See also this page.

Various avenues of publicity are discussed in a series of short articles on page 514.

Some of the ways in which lay people participate actively in a health department program of community education are described on page 519.

Lessons which can be learned from

Indian parents in regard to the handling of young children are charmingly told on page 513.

Valuable suggestions on the making and use of educational motion pictures are given on page 506.

Are you susceptible to poison ivy? You will be interested in an article on page 518.

The importance of lay participation in furthering the work of official health and welfare agencies is increasingly realized. Citizens' committees are discussed on page 528.

NOTES *from the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

WITH THE STAFF

The way of most of the N.O.P.H.N. staff led westward to Los Angeles in June and several have taken their vacations directly following the Biennial Convention.

Miss McNeil, on her return from Los Angeles, attended the annual meeting of the National Education Association in Portland, Oregon, June 29-July 1. She participated in a panel discussion on "Health and Recreation in Rural and Elementary Schools" and spoke on "The Public Health Nurse in School and Community." She also served on the Nominating Committee for the Department of School Health and Physical Education.

HONOR ROLL

The following is a list of additional 1936 agencies holding 100 per cent nursing membership in the N.O.P.H.N. Other lists for 1936 appeared in earlier issues. Asterisks indicate the number of years an agency has held 100 per cent membership. Any public health nursing staff—school, industrial, official or non-official agency—consisting of one or more nurses 100 per cent enrolled is eligible for the Honor Roll.

ALABAMA

- **Cherokee County Health Department, Center
- **Shelby County Health Department, Columbiana
- **Perry County Health Unit, Marion
- *Metropolitan Life Insurance Nursing Service, Anniston District, Weaver

CALIFORNIA

- ****Pittsburg Public Schools, Pittsburg

CONNECTICUT

- *Public Health Nursing Service, Higganum
- *Public Health Nursing Association, Easton

GEORGIA

- *Metropolitan Life Insurance Nursing Service, Athens

ILLINOIS

- *Public School Department, Belleville

INDIANA

- **Elkhart County Tuberculosis Association, Goshen
- **School Nursing Service, Logansport

LOUISIANA

- *Child Welfare and Community Health Association, New Orleans

MASSACHUSETTS

- *Berkshire Health District, Great Barrington
- **Community Health Association of Richmond and West Stockbridge, Richmond

MICHIGAN

- **Kent County Health Department, Grand Rapids
- *Metropolitan Life Insurance Nursing Service, Jackson
- *Metropolitan Life Insurance Nursing Service, Petoskey

MINNESOTA

- *State Department of Health, Division of Child Hygiene, Minneapolis

MISSISSIPPI

- *Metropolitan Life Insurance Nursing Service, Meridian
- *Adams County Health Department, Natchez
- *Sunflower County Health Department, Ruleville
- *Hancock County Health Department, Bay St. Louis

NEW JERSEY

- **Visiting Nurse Association of Somerset Hills, Bernardsville
- ***Red Cross Public Health Nursing Service, Rahway

NEW MEXICO

- **Bernalillo County Health Department, Albuquerque
- **McKinley County Health Department, Gallup
- **San Miguel County Health Department, Las Vegas
- ***Lea County Health Department, Lovington
- ****Quay County Health Department, Tucumcari

NEW YORK

- ****Cayuga County Chapter American Red Cross, Auburn
- *Coney Island Sub-station of the Visiting Nurse Association of Brooklyn, Brooklyn
- *Navy Yard Sub-station of the Visiting Nurse Association of Brooklyn, Brooklyn

*Orthopedic Department of the Visiting Nurse Association of Brooklyn, Brooklyn

****Town of Tonawanda and Kenmore Village Health Departments, Kenmore

****Visiting Nurse Association, New Rochelle

*Visiting Nurse Association of Staten Island, Inc., Tompkinsville

OKLAHOMA

*Metropolitan Life Insurance Nursing Service, Enid

PENNSYLVANIA

**Visiting Nurse Association, Bethlehem

*Metropolitan Life Insurance Nursing Service, Jenkintown

*Metropolitan Life Insurance Nursing Service, Washington

RHODE ISLAND

**School Department, Bristol

***Middletown Branch American Red Cross Public Health Nursing Association, Middletown

TENNESSEE

****Public Health Nursing Council, Nashville

VIRGINIA

*Metropolitan Life Insurance Nursing Service, Arlington County, Clarendon

WEST VIRGINIA

*McDowell County American Red Cross and Board of Education, Welch

WISCONSIN

****Shorewood Health Department, Milwaukee

J.V.S. APPOINTMENTS

Joint Vocational Service reports the following placements made during the month of June 1936:

Mrs. Naomi L. Gable, Director, Community Health and Civic Association (under the American Red Cross), Ardmore, Penna.

Mrs. Marion M. Wetzel, Consultant Nurse, State Board of Health, Jefferson City, Mo.

Mary L. Crosby, Supervisor, State Department of Public Health, Atlanta, Ga.

Mrs. Margaret Luddy Fessenden, Social Hygiene Nurse, Massachusetts General Hospital, Boston, Mass.

Evelyn Horton, Substitute Relief Nurse, University of Chicago Clinics, Chicago, Ill.

Queenie Kennedy, Industrial Nurse, Carolyn Laundry, New York, N. Y.

Helen Nichols, Staff Nurse, State Department of Health and Welfare, Augusta, Me.

Mary C. Payne and Carmella Abbruzzese, Staff Nurses, Northern Westchester County District Nursing Association, Mt. Kisco, N. Y.

Agnes V. Peterson, Staff Nurse, Palama Settlement, Honolulu, T. H.

Isabel Waterhouse, Staff Nurse, Association for Improving the Condition of the Poor, New York, N. Y.

Mrs. Lena Tenebaum Schwartz, Part-time Office Clinic Nurse, Home Bureau Hebrew Sheltering Guardian Society, New York, N. Y.

Marion Thronburgh, Camp Nurse, Children's Aid Society, Camp New Hamburg, New Hamburg, N. Y.

Marion Sprague, Camp Nurse, Camp Half Moon, Berkshire Hills, Mass.

In addition there were several other staff appointments, three of which were for summer relief periods.

ASSISTED PLACEMENTS

Ruth W. Hay, Assistant Professor of Public Health Nursing, University of California, Berkeley, Calif.

Frances Montgomery, Professor of Public Health Nursing, Richmond School of Social Work and Public Health, Richmond, Va.

Helene Buker, Director of Nurses, Cattaraugus County Department of Health, Olean, N. Y.
Charlotte Pitman, Instructor in Public Health Nursing for the Summer Course, University of Kentucky, Lexington, Ky.

Ruth Heintzelman, Jane Nicholson, Hortense Hilbert—all as Regional Supervisors, Children's Bureau, U. S. Department of Labor, Washington, D. C.

Ruth G. Taylor, Consultant, Children's Bureau, U. S. Department of Labor, Washington, D. C.

Mary D. Forbes, Nursing Consultant, U. S. Public Health Service, Washington, D. C.

Irene Carn, Assistant Professor in Public Health Nursing, Mary McClellan Hospital, Cambridge, N. Y.

Mariana H. Ward, Supervisor, State Department of Public Health, Atlanta, Ga.

Ila Z. Moore, District Supervisor, State Department of Health and Welfare, Augusta, Me.

Reba Edwards, Supervising Nurse, San Miguel County Unit, under the State Bureau of Public Health, Santa Fe, N. M.

Gladys Gorton, Assistant Supervisor, Eastern Health District, Baltimore, Md.

Rose Ehrenfreund and Katharine Devlin, County Nurses, Westchester County Department of Health, White Plains, N. Y.

Rose Ella Porter, County Nurse for Valencia County, under State Bureau of Public Health, Santa Fe, N. M.

Florence Reckard, Rural Child Health Nurse, Michigan Children's Fund, Detroit, Mich.

Edna Grabel, Demonstration School Nurse, State Department of Commerce and Industry, Indianapolis, Ind.

Nora Rowell, Superintendent, Visiting Nurse Association, Lowell, Mass.



EDITED BY
ELEANOR W. MUMFORD

THE LITTLE DOCTOR

By Louise Platt Hauck. The Penn Publishing Company, Philadelphia, 1936. \$2.00.

Public health nurses will make rounds with the "Little Doctor" and share with understanding her hardships, joys, and disappointments.

Daughter of a wealthy Chicago judge, Terry Ford decides at an early age to renounce the life of luxury which is hers and follow in the footsteps of her uncle, a keen but kindly surgeon of renown. The attempts of her parents to dissuade her, their lack of sympathetic understanding, the severe tests to which her uncle puts her in order to make sure that she "has the proper makings of a doctor" will recall bygone days to many a public health nurse.

Also familiar to many will be the scenes where she is torn between her desire to serve humanity and her natural desire for love, a home, and children. How she meets these challenges; what decisions she makes; how she finally solves her problems; all these go to make up an intensely interesting story which is told in a most delightful way.

BEULAH FRANCE, R.N.,
New York, N. Y.

A WOMAN'S BEST YEARS

By W. Bérán Wolfe, M.D. Emerson Books, New York, 1935. \$2.25

Dr. Wolfe proposes as the thesis of his book "that the years of maturity are a woman's best years, and that no woman is ever too old to be a complete human being." To make the transition from youth to maturity and to middle age successfully and happily, Dr. Wolfe believes that a woman must realize that the only way to remain forever young is to grow up—to accept the challenge of maturity—and to enjoy it. Although stressing the problems of the woman of middle age, the author analyzes many of the problems facing both the married

and the single woman, giving suggestions which the younger woman might well take into consideration so that when the period of adjustment to advancing years is reached, her house may be in order. The aim of the whole book is to aid the woman of advancing years to view life with serenity, confidence, and a zest for living.

Some readers may object to the emphasis which is placed upon sex. However, of rather universal appeal is the concluding chapter, which takes the form of an open letter to "Mary Smith" and in which the author outlines a method of self-appraisal and program of self-development for the average woman of moderate means living in a typical American "small town."

L. E.

THE WHITE ANGEL

A First National Picture produced by Warner Brothers.

In the portrayal of the life of Florence Nightingale, the producers present a picture which, while popular in emotional appeal, has distinct educational value. There is plenty of the former although the extreme pathos of some scenes is lightened with touches of humor. Throughout, one is very glad to see Florence Nightingale presented as a vital and forceful personality. There is nothing wishy-washy about her; she is a fighter. Kay Francis plays the part with dignity and spirit.

While some liberties have been taken with historical facts, the real significance of the picture lies in its accurate portrayal of Florence Nightingale's contribution to the whole social welfare movement, the changing position of women and the development of nursing as a profession.

This reviewer was most interested in the picture as a venture in interpreta-

tion. The story unfolds itself entirely without propaganda. The worth of Miss Nightingale's work is stamped indelibly upon one's mind by the results, as pictured by the vivid contrast between the hospital at Scutari upon her arrival and as it appeared later after she had carried out her plans. That men lived where before they had died, speaks far more eloquently than a detailed account of how or why these lives were saved.

Herein lies the difference between a good educational picture and one which seeks to teach a lesson through direct propaganda on the one hand or excessive technical detail on the other. May this not carry a lesson for those of us who are trying to interpret modern public health nursing service to the public? Is it too much to hope that somewhere among the thousands of people interested in public health nursing is a scenario writer capable of depicting the real contribution of the public health nurse to social progress?

We commend this picture to the thoughtful consideration of laymen as well as nurses, especially those concerned with education and information of the public.

E. W. M.

NEW ARTICLE ON SYPHILIS

"The Next Great Plague to Go" is the title of a challenging article by Thomas Parran, M.D., Surgeon General, United States Public Health Service, which appears in the July 1936 issue of the *Survey Graphic* and also in condensed form in the July 1936 *Reader's Digest*. In this excellent article Dr. Parran outlines the measures necessary to stamp out syphilis. The article will be reprinted in a 32-page pocket-sized, unabridged edition with pictographs at 10 cents a copy with reduction on quantity orders. If associations ordering 100 reprints or over wish to have an organization imprint appear on the reprints, this will be done for \$1.00 extra.

The eight charts illustrating the article are available in letterhead size at 20 cents for the set of eight, or at 15 cents a set if ten or more sets are ordered. All orders for reprints or charts

should be sent to Survey Associates, Inc., 112 East 19th Street, New York, N. Y.

Reprints of the condensed version of the article as it appears in the *Reader's Digest* under the title, "Why Don't We Stamp Out Syphilis?" may be obtained from the Reprint Editor, *Reader's Digest*, Pleasantville, N. Y., at two cents a copy with reductions on quantity orders. No order for less than five reprints will be filled and remittance must accompany order.

The 92nd Annual Report of the Association for Improving the Condition of the Poor, 105 East 22nd Street, New York, N. Y., entitled "Honest Need," is a most illuminating and attractive report. Some unusual photographic devices might interest publicity chairmen of some of the larger public health nursing associations, as suggestions for their own annual reports.

Public health nurses who wish reference material on the care and training of blind children will be glad to learn of the special lending library maintained by the American Foundation for the Blind, Inc. This is the largest lending library of its kind in the world, containing over six thousand books, pamphlets, and magazines treating of the blind and work for the blind in America and in foreign countries. Those who are in New York may visit the library in person and consult the books at leisure. Those outside the city may send requests for books to the librarian and they will be forwarded by mail or express. The loan period is one month. There is no charge for this service; the only expense is the payment of return postage or express charge. Selective reading lists have been prepared on many subjects relating to the blind and may be obtained by writing to the librarian. Of special interest to nurses would be the reading list on the blind preschool child, which is available from the librarian without charge. Requests should be addressed to the Librarian, American Foundation for the Blind, 15 West 16th Street, New York, N. Y.

An excellent and comprehensive bibliography of the outstanding books on public health is published in the February 1936 issue of the *Connecticut Health Bulletin*, published by the Connecticut State Department of Health, Hartford, Conn. The books are classified under the following headings: administration, preventive medicine and epidemiology, historical, nursing, child hygiene, dental, food and nutrition, health education, and others.

Of especial interest to executives, publicity directors, and those responsible for special programs will be the *News Almanac for Social Work, 1936*, by Louise Franklin Bache, recently published by Community Chests and Councils, Inc. This booklet lists in compact form the various dates, anniversaries, and events of significance for the interpretation of social work. Essential facts about each date, authoritative sources of further information, and practical ways to use the occasion for newspaper stories and special events are given day by day. Order from Community Chests and Councils, Inc., 155 East 44 Street, New York, N. Y. 50 cents each; ten or more, 45 cents; twenty-five or more, 40 cents; special rates for larger quantities.

The New York City Cancer Committee (150 East 83rd Street, New York, N. Y.) is issuing a *Quarterly Review* as a part of its cancer control program.

The Massachusetts Department of Public Health conducts three radio broadcasts each week, two given by members of the Department, the third by the Massachusetts Medical Society under the auspices of the Department. Samples of these broadcasts were published in the Radio Number of *The Commonwealth*, Vol. 22, No. 4, Oct.-Nov.-Dec. 1935, issued by the Massa-

chusetts Department of Public Health, Boston, Mass.

A bulletin listing the publications of the Iowa Child Welfare Research Station may be obtained from the State University of Iowa, Iowa City, Iowa, upon request. This list gives a complete classified list of the publications of the Research Station from 1917-1935 and is an excellent bibliography on child welfare.

CURRENT PERIODICALS

Don't Let It Spread. Henry Gifford Bull, M.D. *Hygeia*, June 1936. This is a story of how the family doctor teaches the mother the importance of isolation. This story would form excellent material for dramatization and could easily be adapted to public health nursing publicity material. Note how little space is wasted in presenting the scene before the entry of the physician with constructive action.

School Nursing on Wheels. Ethel M. Dietrick, R.N. *The Trained Nurse and Hospital Review*, June 1936. Describes the vicissitudes of a school nurse following a Montana earthquake and the ingenuity with which she adapted her program.

The Prevention of Venereal Diseases in Sweden. Elinar Rietz, M.D. *American Journal of Public Health*, April 1936. With the growing emphasis on the subject of syphilis in this country, this article is especially timely and bears out Dr. Parran's statement that the principles already found effective in other communicable diseases can be effectively applied to syphilis.

JOURNAL OF SOCIAL HYGIENE

April 1936

New Brooms and Old Cobwebs: Notes on Progress in Public Information. Jean B. Pinney. This report discusses newspapers, magazines, motion pictures, and radio as avenues of mass public education in social hygiene.

Social Hygiene on the Air. Radio Play. "Eddy Blake Tries to Enlist." Episode 87 of the Health Hunter Series of electrical transcriptions copyrighted but available from the Division of Public Health Education, New York State Department of Health, Albany, N. Y.

Carrying Health Facts to Industry. Ray H. Everett. Report of a lecture project conducted by the Social Hygiene Society of the District of Columbia.

NOTE: We wish to correct an omission which occurred in the list of recent publications appearing in this section in the June magazine. The author of *Elementary Bacteriology* is J. E. Greaves, Ph.D., and the author of *A Manual of Common Contagious Diseases* is P. M. Stimson, M.D. We are sorry that through an oversight the degrees of these two men were omitted.



• M. Helena McMillan, Director of the School of Nursing and Superintendent of Nurses of the Presbyterian Hospital, Chicago, Ill., was awarded the Walter Burns Saunders Memorial Medal for her distinguished service in the field of nursing education, at the opening session of the Biennial Convention held in the Shrine Auditorium, Los Angeles, Calif., on June 22.

Miss McMillan, a graduate of the Illinois Training School for Nurses in Chicago, was one of the rare women who, in the days of 1891, obtained her B.A. degree (McGill University) before undertaking a nurse's training. In 1897, Miss McMillan organized the School of Nursing at the Lakeside Hospital in Cleveland, Ohio, now the Frances Payne Bolton School of Nursing of Western Reserve University, one of the two schools in the country which make graduation from college an admission requirement.

Miss McMillan has played a prominent and influential rôle in nursing activities, having organized a central registry for nurses in Chicago through which professional nursing service is made available to the public. She also demonstrated the value of a shorter working day for nurses, and was an early promoter of the eight-hour day.

• The First International Conference on Fever Therapy announced in the July magazine as being held in September has been postponed until the spring of 1937. The new dates are March 30-April 2. The sessions will be held at the College of Physicians and Surgeons, Columbia University, New York, N. Y. As announced in the July number, further information regarding the Conference may be obtained from Dr. William Bierman, General Secretary, 471 Park Avenue, New York, N. Y.

• The Children's Bureau of the U. S. Department of Labor summoned to Washington all directors of State and Territorial Bureaus of Maternal and Child Hygiene for a conference on June 6 and 7 at which problems of maternal and child care were discussed with leading authorities.

• The Illinois Society for the Prevention of Blindness will conduct an institute for public health nurses August 31-September 3. This institute will include such subjects as the prevention of blindness in Illinois, diseases of the eye as they occur in school children, squint, orthoptic training, technique for school inspection of the eyes, proper eye records in schools, school lighting, and others.

There will be no charge for the institute, except for a possible registration fee, as the Illinois Society expects to finance the project. The Society will endeavor to get special rates for nurses if they stay in Chicago. The course will be limited to sixty nurses and early reservations should be made. For further information, write to Audrey W. Hayden, Executive Secretary, Illinois Society for the Prevention of Blindness, 203 North Wabash Avenue, Chicago, Ill.

• New York City has made five new health records in 1935. The city had its lowest infant mortality rate, its lowest general death rate, the lowest pulmonary tuberculosis death rate, the smallest number of cases and the lowest number of deaths from diphtheria, and a new low record for deaths from typhoid fever.

• The Sixteenth Annual Meeting of the American Society for the Hard of Hearing held in Boston, Mass., May 26-30, was the largest on record, there being 575 registered attendants and two or

three hundred more who did not register. The National Lip Reading Tournament was a feature of the meeting and Mary Smullen of Boston was pronounced the national champion for 1936. The Board of Managers of the A.S.H.H. voted to hold national conferences biennially hereafter, encouraging zone conferences in alternate years. There are now 156 local societies in the United States and Canada engaged in the gigantic task of securing equal educational, social, and economic rights for ten million citizens with hearing defects.

- The Board of Supervisors of Mecosta County, Michigan, recently appropriated a sum of money to be used for a two-county health unit. This health unit will be a full-time service and will serve Mecosta County and Osceola County.

- Fifteen hundred and seven babies ushered into the world is the record of Mrs. Mabel Kennedy, who has just completed her seventh year as a delivery nurse for the Detroit Visiting Nurse Association. Mrs. Kennedy has attended a total of 1,762 mothers in their homes in this period without a single death at the time of delivery. She explained that the number of mothers cared for was larger than the number of babies, because in 255 cases she was relieved by another nurse before the baby was born. In the seven years that Mrs. Kennedy has been a Visiting Nurse Association delivery nurse, she has assisted 520 different doctors at confinements. One family has had five babies in this time, at all of whose births she assisted the same doctor.

This record, whose authenticity is proved by a ledger kept by Mrs. Kennedy from her first day on duty, is believed to be outstanding, as few nurses devote their full time to attendance at births over so long a period of time.

- The Michigan Board of Registration of Nurses will hold an examination September 8 and 9 for graduate nurses and September 8 for trained attendants, at the Peter White Library, Marquette. All applications with fees must be on file in the office of the Board of Registration of Nurses, 200 Hollister Build-

ing, Lansing, not later than August 24. Mrs. Ellen L. Stahlnecker, R.N., Secretary.

- The Michigan Board of Registration of Nurses will hold an examination September 24 and 25 for graduate nurses, and September 24 for trained attendants, at the Book-Cadillac Hotel, Detroit. All applications with fees must be on file in the office of the Board of Registration of Nurses, 200 Hollister Building, Lansing, not later than September 9. Mrs. Ellen L. Stahlnecker, R.N., Secretary.

- The Michigan Board of Registration of Nurses will hold an examination October 8 and 9 for graduate nurses, and October 8 for trained attendants, at the Olds Hotel, Lansing. All applications with fees must be on file in the office of the Board of Registration of Nurses, 200 Hollister Building, Lansing, not later than September 23. Mrs. Ellen L. Stahlnecker, R.N., Secretary.

NEW APPOINTMENTS

(For J.V.S. Appointments, see page 539)

Elsie Witchen, Tuberculosis Consultant, State Board of Health, State Tuberculosis Association and State Hospital Association, Portland, Ore.

Lucy Blair, Field Worker in Physiotherapy for the Crippled Children's Division, Wisconsin State Department of Public Instruction, Madison, Wis.

Grace Howes, Supervisor of the Out-Patient Department, Mountinside Hospital, Montclair, N. J.

Marguerite C. Libby, Consultant in Public Health Nursing, State Department of Public Health, Boston, Mass.

Katherine Schweikart, Field Supervisor, Ohio State Department of Health, Columbus, O.

Elizabeth Hanson, Supervisor, District Nursing Association, Providence, R. I.

Mary Ellen Bell, Generalized Community Nurse, Idaho State Department of Health, Twin Falls, Idaho.

Ruth Elizabeth Kearney, School Nurse, Public Schools, Scotia, N. Y.

Elizabeth McGalliard, Generalized Community Nurse, Idaho State Department of Health, Twin Falls, Idaho.

Mrs. Marion N. Strobel, County Nurse, State Department of Public Welfare, Twin Falls, Idaho.

Marian Hampton, Social Hygiene Worker, Peter Bent Brigham Hospital, Boston, Mass.

Lois Carleton, County Nurse for McLeod County under the Minnesota State Department of Health, Child Hygiene Division.

Frances Stack, School Nurse and Attendance Officer, Mt. Kisco High School, Mt. Kisco, N. Y.

Rose Mary Phillips, Special Supervisor of the School Division, Municipal Visiting Nurse Association, St. Louis, Mo.

• Conferences and treatment have been given by the Colon Free Clinic, Panama Canal Zone, to 1,699 children, aged from a few weeks to six years, during the year 1935, according to a report submitted to the Cristobal Women's Club. The Women's Club has for the past fourteen years maintained a free baby clinic under the direction of Miss Ouellette, who reports that at one time mothers brought to the clinic only their sick children, but now they are gradually being taught to bring their well babies also to the weekly health conferences held in the Health Office. A special milk fund given by the members of the Women's Club provides for the preparation of formulæ for destitute babies. It is estimated that about thirty babies are fed daily. In addition to the work with the babies treatment is given at the clinic to prenatal cases which have been referred to the clinic. For these patients a weekly health talk is given, each mother is weighed and given literature on maternity hygiene and those with abnormal conditions are referred to physicians or to a hospital for treatment. Miss Ouellette reports that the records for the health supervision service are now kept according to the standards and specifications of the N.O.P.H.N.

• A chain of child welfare centers in different parts of Iraq has been established by the Iraq Red Crescent. Miss Maslen-Jones, who was trained at Guy's Hospital, London, and acquired extensive experience in child welfare work at the Truby King Institution (Cromwell House) in London, is the nurse in charge.

• The Joint Conference of the International Council of Women and the National Council of Women in India, which met recently in Calcutta, marks another step forward in women's work for women and children in India. This was probably the first occasion on which women of so many nationalities had met together on Indian soil to discuss their mutual problems, and it was regarded by all as a very important landmark.

• The Belgian Red Cross selected this year, as the theme of its Red Cross Week, "The Crusade Against Epidemic Diseases." Particular emphasis was laid upon the importance of enlightening the "man in the street" as to his rôle in the war against disease, which can be summed up in two words: discipline and cleanliness—discipline meaning the strict observance of counsels and orders issued by authorities in time of epidemics.

• In view of the large number of calls made upon it for the transportation of stretcher cases, the Air Dispatch Company of Croydon, England, has established a permanent air ambulance service under the auspices of the British Red Cross. A fully equipped ambulance plane, carrying a doctor and a nurse, is available day and night and can leave the aerodrome within fifteen minutes for any destination on receipt of a telephone call. The fare includes the remuneration of a Red Cross nurse to escort the patient, medical fees and the transportation of the patient's relatives provided their number does not exceed three.

• Since the establishment in 1914 of Institutes in India for the postgraduate study of tropical medicine and hygiene, public health in India has made great progress, and not least in the training of medical men and women for administrative and executive posts in the public health services. A Diploma in Public Health is given at the All-India Institute of Hygiene at Calcutta and a Diploma in Maternity and Child Welfare is given upon completion of a course designed to fit medical women to direct and develop maternity and child welfare programs along sound and scientific lines. Numerous shorter refresher courses have been arranged by each of the five sections at the Institute; namely, courses in public health administration, malariology, epidemiology, and vital statistics, nutrition and biochemistry, and maternity and child welfare including school hygiene.

Study Page for August

This issue of the magazine lays special emphasis upon methods of publicity, which are of interest to all those responsible for the administration of public health nursing services: lay people, executives, and the nurse working alone.

The following questions are based on the published material in this number and offer suggestions for the use of the magazine:

What is meant by *timeliness* in newspaper publicity? *Paper, Pencil, and Publicity*, page 503, and *Publicity for Your Nursing Service*, page 501.

How can volunteers be effectively used in the interpretation of a nursing service to the community? *New Horizons for the Volunteer Interpreter*. Page 516.

What are some important points to keep in mind in the making of posters? *Points for Poster Making*. Page 514.

What are some of the methods that have been successfully used to advertise an hourly nursing service? *Advertising an Hourly Appointment Service*. Page 536.

What is meant by a "credit line"? *Which Kind of a Copycat Are You?* Page 532.

When is radio publicity effective? *The Use of Radio*. Page 515.

Who should direct the making of an educational motion picture? What is the cost of production? *Motion Pictures as a Medium of Public Information*. Page 506.

CORRECTIONS FOR "WHAT IS WRONG WITH THIS?"

We are listing here some corrections for the news item which appears on page 537 of this issue and also further corrections for the Lazy Angelina case which appeared on pages 422 and 429 of the June issue.

NEWS ITEM

1. The term "regular meeting" is not specific enough. The item should state whether the meeting is a weekly, monthly, semi-annual, or annual meeting. Also it should indicate whether it was a meeting of the board of directors, the nursing committee, the entire membership, or a meeting to which the general public were invited.
2. The date as well as the day of the meeting should be given.
3. The number in attendance should be specified.
4. The middle initial of the president is omitted. It is particularly important that this be included when the last name is as common as that of Smith, for there may be several Mrs. J. Smiths in the town.
5. The first name of the director is not given.
6. The report of the director is given too much prominence in the news item.
7. The entire emphasis of the report of the director as it appears in the newspaper is upon the number of visits.
8. To use only the increase in the number of visits as evidence of the splendid work of the organization is open to question.
9. The period covered by the report is not given, so the statistics are not of much value.

10. The title of the speaker is not given.
11. The purpose of the meeting is given a very subordinate place in the item, whereas it should appear in the first sentence.
12. The complete date of the opening of the drive should be given, the month as well as the date of the month.
13. The address of Mrs. Libby should be given.

LAZY ANGELINA

1. The entire follow-up was very casual. From the beginning, the child should have been under the close supervision of doctor and nurse. The doctor should preferably have been a family physician; if that was impossible, clinic contact should have been made immediately.
2. Too much time was lost in arranging for treatment prescribed by the doctor.
3. The physical condition of the child should have formed the basis for outlining a careful routine to be followed, including her entire regimen of personal hygiene. Arrangements should have been made for her to sleep alone; her diet and rest should have been carefully planned.
4. This would have necessitated more frequent contacts with the home as well as conferences with the child, teacher, and relief worker.